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See me through this: A visual narrative inquiry into the lived experiences of at risk and/or
homeless youth and mental health

by

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For you Mom. I miss you.



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Abstract

This visual narrative inquiry focuses on the lived experiences of youth who are at risk or homeless and their experiences with mental health and mental health services. The term *at risk* in this inquiry suggests that the youth are exposed to situations that place them in danger of being harmed physically, developmentally and/or psychologically. These risks include such things as poverty, exposure to violence, living in unsafe communities, substance use, lack of family stability, and inadequate housing. During the ten months over which this inquiry took place, I worked closely with six youth ages 12-22 whom I met in a community agency that provides support to at risk youth through arts programming such as music, painting and sculpting. This agency also provides support to youth through social workers, community resources and advocacy. The youth in this inquiry participated by sharing photographs, as well as engaging in conversations about their lives and experiences. Within this dissertation I share representations of the lives of six remarkable youth. The youths differ from one another as does my relationship with each of them, yet despite this uniqueness there are resonances that permeate throughout their stories. In this dissertation I make these *threads* visible as pieces of a larger puzzle. As well, the implications and significance of these threads in the lives of the youth are addressed. I hope that this dissertation allows health care and social service providers to see and hear the lives of at risk youth.

Prologue

Did I always want to be a nurse? I am still not sure of that answer but I am happy where I am in my nursing career. The first two years of my nursing degree were a bit of a test for me with many medical and surgical rotations coupled with numerous “tasks” and “techniques”. I knew that this was not a great fit for me as the rigidity of acute based hospital work wore on me physically and mentally. It was not until the third year of my degree that I was introduced to community health nursing. This was a ray of light in a somewhat confusing time and confirmed what I wanted to do in my chosen profession. I graduated with my degree in 1995, which in Alberta was the heyday of Ralph Klein and his cutbacks in health care, and was lucky enough to get a position working in school health as a public health nurse. I loved being in schools interacting with students and engaged in health teaching. Over time, I learned of a teenage mothers group that met in one of the high schools in the city and became involved with this program. About the same time, I read a book entitled *Reviving Ophelia* by Mary Pipher (1994) that examines the coming of age of girls and how this is often a significant time for self-esteem and future. I was fascinated. *Reviving Ophelia* was the trigger to the new focus of my nursing career on children and youth’s mental health, which led me to work as a nurse at local youth and children’s shelters. In the earlier years of my career I was naïve and was probably told a few tall tales by the youth with whom I worked. At this time, I began to recognize the great necessity for services that understood youths’ lives and focused on their unique needs. I began to expand my knowledge about youth issues, the social

determinants of health, family structures, and child/adolescent mental health issues. My career focused on working alongside youth and I often became an advocate for youth at risk and youth who experienced homelessness wherever and whenever I could.

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Introduction and Research Puzzle

This inquiry focuses on the experiences of youth who are considered *at risk* or homeless and their experiences with mental health and mental health services. In related literature, this group of youth is referred to by many interchangeable names including: street youth, homeless youth, at risk youth, high risk youth, youth at risk, runaways, throwaways, curbsiders and children *of* or *on* the streets. The term *at risk* in this inquiry suggests that the youth are exposed to situations that place them in danger of being harmed physically, developmentally and/or psychologically. These risks include such things as poverty, exposure to violence, living in unsafe communities, substance use, lack of family stability, and inadequate housing. During the ten months over which this inquiry took place, I was able to work closely with six youth ages 12-22 whom I met through a community agency called the Centre for Arts and Youth (CAY) [pseudonym]. The youth participated by sharing photographs, as well as participating in conversations about the photos and other issues surrounding their lives and experiences. These conversations took place in a variety of community settings from CAY itself to coffee shops and restaurants.

Over time trusting relationships between the youth and myself were formed. These relationships were an integral piece of the inquiry as the youth shared personal and often emotional experiences. As part of these relationships, I too shared part of my life with the youth as we grew together and learned from each other. Lastly, during this inquiry I kept field notes and personal reflections

in a journal where I documented my own journey alongside the youth. The ability to share my thoughts, feelings, fears and questions was a valuable and necessary part of this inquiry as it helped me to grow and understand where I stood in relation to the youth with whom I worked.

The opening of my dissertation speaks to my experiences with nursing in the community and within the realm of children's mental health. In this, my narrative beginnings, I will share my stories of learning, growth and change that have occurred within myself over the course of my life and nursing career. I will also bring forward a dominant narrative I believe to exist in the area of child and youth mental health. This dominant narrative is one of assessment, diagnosis, categorization and labeling in order to come to an understanding of illness, choice or treatment and prognosis of recovery. Little exists in this dominant narrative about the context of people's lives, individuality, hearing the person's story, attending to people's lives, and experiences or the concept of hope for the future. This dominant narrative has evolved as the basis for most mental health, psychiatric, social sciences, and social services education and is reliant on the American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Health Disorders (DSM) as a guide. The DSM focuses on signs and symptoms of disorders as well as guidelines for diagnosis. I believe that due to my professional experiences and training, the dominant narrative has shaped my practice and affected how I view the field of child and youth mental health. This dominant narrative consists of identifying youth by their mental health diagnosis or *label* rather than by their experiences or through coming to know them as

individuals. I believe the influence of this dominant narrative is an integral piece of the puzzle that effected how I viewed the youth with whom I worked.

Furthermore, the recognition of this dominant narrative has shaped who I am as a nurse and a person and has challenged my perceptions within child and youth mental health. This has opened my eyes to a world within myself that I did not know existed. Prior to my awareness of the dominant narrative, I found myself being influenced by an individual's diagnosis without fully exploring the uniqueness and individuality of their personal experiences.

During this inquiry I have learned to be more attuned to others and to my personal understandings and biases. This was not always an easy process. I often felt challenges not only in what I was experiencing with the youth but also within myself. There existed a constant sense of questioning and unease as I made my way through this inquiry that still exist as I write these words. I have become *awake* (Bateson, 2007) to my personal assumptions and the challenges within myself while doing this work that I both consciously and unconsciously have chosen to ignore in the past. This *wakefulness* as described by Clandinin and Connelly (2000) calls for self-reflection and continual learning of our selves in relation to our participants throughout the inquiry process.

Within this dissertation, a chapter is dedicated to each youth in which their lives and experiences are represented. These chapters vary considerably in format, length and inclusion of photographic work. This variance exists to represent the different lives of the youth and our relationship during this inquiry.

This difference reflects how all individuals' possess a unique story and presence within this world.

Although each of the youth tells their own narrative, *threads or resonances* amidst the narratives become apparent. These terms, *threads and resonances*, are used interchangeably throughout this dissertation and are used to open up new questions about youth experiences that appear to have similar themes or backgrounds (Clandinin, Lessard & Caine, 2012). Resonant threads that emerged during this inquiry are: intergenerational stories, intergenerational stories of mental health, composing forward looking stories without privilege, living amidst violence, and disrupting family stories. The identification of these threads broadens the public and professional views of the youths' issues and holds the potential to increase tolerance, understanding, and empathy. This leads to the possibility for improving the quality, accessibility, and number of resources and support services offered for youth who are homeless or considered at risk.

The implications and significance of this inquiry will also be explored in relation to nursing as well as to other health and social service professionals to expand the depth and breadth of knowledge and understanding of youth. Issues such as mental health, the dominant narrative, boundaries and relationships with clients will be focused upon. Lastly, I will address ideas for future programming for youth who present as *at risk*.

Chapter 1

Narrative Beginnings

What's his diagnosis?

What's his diagnosis? I hear these words across the office and my ears perk up to hear the answer to the question as though the response will provide some great insight into his care and a magical cure for his issues. "He has ODD and ADHD", I recall hearing as the shelter worker refers to the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses of Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder. "His behavior at home is pretty bad...he stays out all night, fights with his Mom and sister, and has been kicked out of school. Sounds like he fits the ODD criteria all right"! I am listening intently now, trying to get as much information as I can about this 15 year old boy whom I had just met outside while he was smoking a cigarette. I was instantly taken with this boy and could not really pinpoint why at the time. Perhaps, it was the look of innocence in his eyes and freckly face that struck me or that he seemed to retain some of the softness that can dissipate over time due to life on the streets. He seemed to represent an island of hope in a sea of trauma, violence, sadness, and vulnerability that at times permeate through the lives of the youth with whom I worked.

At the time of our meeting, I was working as a nurse at a homeless shelter for youth in a large Canadian city. I enjoyed this and reveled in the stories and discussions that I would have with the many youth who passed through the doors on a daily basis. The youth were from varied cultural backgrounds, boys and

girls, some street savvy and some not, some with family and some not, but all looking for a safe place to be and a kind ear to listen to their experiences. For several years I listened to their stories of love, fun, music, friendships, abuse, neglect, drug use, assault, loneliness, sadness, illness, pregnancy, and isolation. Many of the youth in the shelter came with a DSM diagnosis that their families, social workers, or the youth themselves had memorized: ODD, ADHD, depression, anxiety, borderline, bipolar... they read like a well written psychiatry textbook providing all of the case examples needed to assess, diagnose and treat the world's mental health concerns. It was easy to get caught up in these diagnoses or labels and lose sight of the human being that existed behind them. These diagnoses provided some sort of safe haven for professionals like myself who were working with youth. They provided a sense of *knowing* that there was something *wrong* with the youth, and that having this *knowing* could help guide their care. Diagnoses are concrete and clear to understand for professionals whereas individual stories of experience make muddy waters that can be difficult to navigate. This was a lesson that I needed to be reminded of time and time again during my career as a nurse in the area of children's mental health as so much of clinical work circles around diagnosis. Diagnosis is a common language amongst health professionals; it can frame our thoughts in regards to behavior and treatment and can provide a *reason* for care. As well, diagnosis can allow practitioners to remain *clinically distant* without fear of becoming *emotionally entrenched* in clients' lives.

As the relationship between this 15 year old youth and myself developed, I was privileged to learn so much about his life stories. We would sit for long periods of time at a picnic table outside of the shelter and talk of his fears, hopes, dreams, and life experiences. He was no longer the 15 year old kid with ODD and ADHD, he was Casey¹.

Casey's story

We are sitting next to each other on a raised hospital bed with our feet dangling off the side. I am in my late twenties and he is fifteen. His young innocent face is puffy from all of the tears and I have a sore throat from holding back my own sobs. Hours earlier, on this beautiful hot summer's day, he had tried to take his own life.

I had been working as a nurse at the Youth Shelter for about two years when I met him. He was more innocent looking than some of the other street-wise kids and had a look of being lost on his face. His parents appeared to have given up on him but all he seemed to want was their love and approval; he was after all, still a kid. I loved spending time talking with him and learning all about his life and his dreams. He seemed special to me and I treated him as such. In fact, I dreamed about adopting him, bringing him home to live with my husband and I, and changing his life. I was pretty idealistic (or perhaps softer) at the time and this opened me up to heartache that I still feel to this day. This heartache however, has let to a passion for working with and advocating for youth who are

¹ Casey is a pseudonym

seen as at risk or vulnerable. It has propelled me forward towards learning and education surrounding child and youth mental health.

One hot summer's day, I arrived at the shelter just as this special boy was being handcuffed and put into the back of a police car. His face was of pure pain and terror as he looked at me. "I'll help you", I yelled, not knowing exactly what had happened to lead up to this tragedy. As I entered the shelter I learned that earlier in the day he had tried to phone his parents for help and his mom had refused to speak with him. He was devastated and, in a cry for help, tried to hang himself off the nearby bridge. I remember being furious and confused as to why he had been handcuffed by the police and taken away for such a desperate act. How could anyone treat him that way?

After gathering the facts I found out where he was taken and sped over to the hospital. He was sitting alone on his bed in his private cubical in the Emergency Department with a guard outside for his protection when I arrived. He looked up at me and I have never in my life felt pure pain and sadness radiate from one person like I did at that time. I went in and hugged him and together we sat in silence.

It is so important that I don't forget how I felt during this experience. In fact, I must never forget. During that day, I saw Casey as a human being first and foremost. I wasn't trying to assess him or diagnose him or figure out his prognosis for success; I was living alongside of him, sharing in his experiences and seeing him for the person he was. I was simply Margot, living and caring

despite the existence of the DSM, clinical mental health practices or a dominant narrative.

Mental Health and the Dominant Narrative

Until I began my doctoral work, I had not realized how much I have been influenced by a dominant narrative that exists within the world of children's mental health. This narrative is one of assessment, diagnosis and labeling in order to come to an understanding of illness, choice of treatment and prognosis of recovery. Although most professionals in this area would shun the use of a "label" for individuals, I have seen this happen time and time again. Terms like *co-dependent, borderline, axis II, conduct disordered, and personality disordered* are thrown around freely. I have found myself being drawn into that world and now increasingly wonder how it will affect my interactions with clients and it too affected my current work with the youth. Historically, mental health and psychiatry have invested in both deconstructing people's problems by searching for *meaning* and engaging in the modernist practices of assessment, diagnosis and treatment. More recently, with the introduction of the DSM, psychopharmacology, research, and evidenced-based practice, mental health has become dominated by a biologically focused approach to people's problems (Carrey, 2006). In a study by Hagen and Nixon (2011) on women's experiences recovering from psychosis, the mental health care system is described as a *label factory* with physicians being focused on giving their patients psychiatric labels. Hagen and Nixon (2011) go on to describe the way patients are given mental health labels depending on where they are in the system and whose care they are

under. This occurrence was compared to a *diagnostic slot machine* where a health professional would pull the handle and see what was revealed. So often in the mental health system the *meaning* and *stories* of people's lives have been brushed aside and replaced with the categorization and compartmentalizing of mental health concerns. It's as though it is easier for these health professionals to neatly stack and organize people in terms of their behavior or diagnosis rather than to take the time to learn who they really are. What if we learn something out of the ordinary? What if the person doesn't exactly fit into a diagnosis? What if we begin to care too much? There are so many dangers to categorization in mental health and of this dominant narrative. Issues such as *totalizing judgment*, where the person with schizophrenia becomes labeled a schizophrenic or where normative judgments of behavior such as *normal* or *abnormal* become commonplace (Carrey, 2006). Moreover, as seen with some of the youth at the homeless shelter who called themselves ADHD or ODD, individuals begin to categorize and label themselves that can lead to a self-fulfilling prophecy in terms of future success and function (Sternberg, Critchley, Gallagher and Raman, 2011; Launer, 1999). If I had solely seen Casey in terms of his diagnosis, I would never have fully developed an understanding and appreciation for him as a human being. I would never have learned of his strained relationship with his parents, his love of music, or his aspirations for the future. How could I have provided care for Casey without hearing his story? In healthcare and social service professions it is easy to forget that people's stories are their clinical history (Coles, 1989) and

that what we do is listen to these stories and try to make sense of them as best we can.

Robert Coles (1989), a psychiatrist by profession, addresses these issues in his work *The Call of Stories: Teaching and the Moral Imagination*. In this influential work, Coles (1989) shares his experiences during his psychiatric residency with a mentor who guides him to *see* more in his patients than their primary diagnosis and clinical assessment history. Coles (1989) recalls a brief lecture by this mentor that influenced his practice for the remainder of his career “the people who come to see us bring us their stories. They hope they tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. We have to remember that what we hear is *their story*” (p.6). How lovely this quotation is. It reminds me of the privilege in hearing another human’s life stories as well as how much courage and trust it takes for that person to share their experiences with me. Furthermore, it reminds me as a health service provider how much power and influence we can have over another person’s care and success.

Let me tell you my story...

I was raised in an upper class home, in an upper class neighborhood, by two hard working physicians. My father was a Radiologist working at the cancer hospital and my mother a Pathologist at a large inner city hospital. Education was always of the utmost importance in our home and often my parents (particularly my father) had little else to ask me about except my studies. As a teenager, I felt that they had little interest in my friends, relationships, teen crushes, music or

anything else that I saw as important. I often wondered: Why didn't they want to hear the music I liked? Didn't they care that I had a party to go to this weekend? Why won't they listen to me? As time went on I felt my interests were deemed invaluable and as a result shunned the scholastic education that my parents felt was valuable. Despite my aversion to studying, I managed to finish high school and over time settled into university and the nursing profession. Upon graduation I entered the real world and the specialty of community and public health nursing. This was a fine choice for my Dad as he had worked as a medical officer of health in Saskatchewan many years ago. As time went on my interests became focused on the less appealing area to my parents, that being mental health. "Why would I want to work in that area?" "Homeless people should try to find work."

With all of the education and professional achievements my parents were lacking so much knowledge when it came to mental health. It was my turn to do the educating. "Let me tell you a story" I said to my parents one day and told them of children without homes, lives full of trauma and abuse, mentally ill parents who could no longer care for their babies, poverty and despair, and children who would hurt themselves to have some power in this world. I was hoping that maybe now they would begin to open their minds and begin the path to understanding mental health issues. I was now the teacher!

To this day, I recall the feelings I had when I was younger of not being valued and heard by those whom I loved and trusted. Those feelings are part of who I am today and come into play while working with youth who are at risk. What good would I be to others and myself if I heard without listening, viewed

without seeing, or judged without trying to understand? Lugones (1987) speaks to the idea of “world travelling” in which a person learns to step inside the world of another person in order to be able to try and understand where they are coming from. We *travel* into their *world* to gain meaning, insight and awareness that cannot be done standing on the outside looking in. Of course, this idea is not so simple. It takes patience, time, and courage. In order to fully understand my parents (and myself), I must step into their world and see things through their eyes. Lugones (1987) talks about this very same experience with her mother who was of South American decent and worked as a servant for white employers when she shares “To love my mother was not possible for me while I retained a sense that it was fine for me to see her arrogantly. Loving my mother also required that I see with her eyes, that I go into my mother’s world...Only through this travelling to her “world” could I indentify with her because only then could I cease to ignore her and to be excluded and separate from her” (p.8). Lugones (1987) continues, “We are fully dependent on each other for the possibility of being understood and with this understanding we are not intelligible, we do not make sense, we are not solid, visible, integrated, we are lacking. So travelling to each other’s worlds would enable us to *be* through *loving* each other” (p.8). Lugones’s words echo in my mind because if I had not travelled to my mother and father’s *worlds*, I would never have been able to understand them or their influence on me.

In the following personal story I do not experience “world travelling”. In this story I am bound to my own world and choose to stay there; a world where I

feel safe and secure. I have no energy or will to travel. I stay close to home in my comfort space and find myself deep within the dominant narrative.

Do you have a private room?

Do you have a private room? This is the question I asked my nurse after giving birth to my second child by caesarean section in 2007. To my dismay at the time the answer to my question is no, and I am placed in a four bed ward on the post-partum unit where all the other beds were full. Because of the c-section it was hard and painful to move afterwards. I felt as though my stomach was going to rip in half every time I moved or breathed in deeply. While I was enduring these pains and trying to tend to my newborn son, I experienced some events that I will never forget.

I am placed in the hospital bed at the far end of the room next to the window. To my immediate left is a girl who is 16 years old who also just had a baby boy by c-section. She is kept company by a friend throughout the evening and night, and the swearing and noise was unbearable. This girl spent a great deal of my first night on her cell phone to her boyfriend who was in the Young Offenders Centre, charged with some type of assault. The two new parents argued, swore and insulted each other throughout the night with her friend by her bedside urging her on.

In the other corner of the room, across and opposite from my bed was a 15 year old girl who had also just had a baby. In the morning there was a huge fight between the girl, her mother (who looked about 30 years old) and the nurse. "I want to get the fuck out of here now" yelled the girl. "You haven't fed your baby

in 7 hours and we need to know that she will be taken care of and that you can nurse her properly” replied the nurse. “If you don’t show me that you can do this, I will have to call in a social worker”. At this point the new grandmother steps in with “fuck this, my daughter can do what she wants and we are leaving”. I just lay back in my bed, looking at the little babies lying in their plastic bassinets swaddled up in their blankets like little burritos. I can’t help but think that those little munchkins are heading down a difficult road and that maybe someday they will be my future clients with mental health issues of their own. What kind of families are these? How can the cycle of dysfunction be broken? My own biases are permeating through my thoughts and although I want to be neutral and “understanding”, I am having a lot of trouble. I am jumping to conclusions. I am writing people’s life stories even before they have lived them. Who do I think I am?

“We have a private room for you now, would you like to move?” the nurse asks me. “You bet I do”, I respond and am moved into the quiet solitude of a themed private room with flat screen television, queen sized bed and decorative linens. I am now hidden away, in a world that I feel more comfortable and safe.

Now from a more temporally distant place, I look back at this experience and wonder why I didn’t choose to continue to be hidden away from youth similar to those I encountered while having my son. I was so anxious to be away from them then. It would have been easy. I could have simply hidden away in my world of privilege and comfort and continued on with my life. Instead something about the experiences of youth, like the ones who shared my hospital room,

continued to metaphorically call to me. I chose to continue to work and advocate for youth who find themselves in at risk situations. Now I look at my son and wonder how the other babies I met briefly in the hospital room, now children, are doing. Children who share the same birthday as my son. What stories are they living and telling? What are the stories that their mothers are living, reliving, telling and retelling?

Now as I turn to inquire into stories of my experience at the time of my son's birth, I awaken to how I was so involved in my experience that I failed to recognize, to see, to wonder about the experiences of the young women who were sharing a hospital room with me. Inquiring into my experiences draws forward stories of people around me, a husband, and family. And the inquiry also calls forward stories of my early landscapes. While my stories were ones of a stable home in which I grew up, a stable relationship with a husband, a home with a little nursery prepared for our baby, I begin to wonder about their stories. Fleeting memories of what I heard that night in the hospital room filter into my inquiry. Did each of those young mothers have a stable home from which they grew up? Did they have a home at all? I think of the new mother whose boyfriend was in jail at the time of her baby's birth. How did she make sense in the physical absence of her partner? Was she angry? Was she lonely? As I try to imagine myself in her world, I think I would have been. I found it hard enough to have another baby even with a supportive husband and a stable income. Even with these things, I was still scared and unsure. But then I wonder. There is so much I do not know about each one of the young mothers, so much I did not want

to find out that night. I realize now I was seeing them with arrogant perceptions, in Lugones (1987) terms. Now I am trying for more loving perceptions, trying to imagine their worlds and how their experience of giving birth to a child fit into their worlds and into the places where our worlds intersect. At first we were just strangers, in the same hospital room, giving birth. I wanted to escape from them. Now I wonder.

As I engage in this inquiry, I also think back to the young grandmother who was swearing and wanting to take her daughter and new grandchild from the hospital. What was her story? Was she scared? Was she uncertain? Did she feel judged because of her age? Maybe the grandmother's resistance towards the nurses stemmed back to earlier experiences while she was in hospital after having her own daughter. How was she treated at that time? I also wonder if she was afraid for her own daughter and the future that she faced with a new baby, as such a young mother. Maybe this was her way of caring for her family the best way she knew how. I wonder now, was she protecting her daughter and grandchild from a system that had let her down in the past?

As I think about my demands that night for a private room, I realize that I am comfortable, at ease, in hospitals and in institutions. I know how things work. I knew what to ask for and I knew that I would be heard. I wonder now what stories of hospitals and nurses lived in that room with me that night, stories that I was not awake to.

I am brought back to that day and see the hospital room vividly in my head: the clinical looking room with four beds, the off white floor, the chipped

paint on the faded white walls, and light brown curtains that surrounded each of us for privacy. I remember where everyone was in the room, but I do not remember the faces. Was this too a product of my arrogant perceptions? I do not know, but I do remember the room and I remember the words and actions of those around me. Perhaps I was not able to wonder then about the lives of those who shared that space with me in the ways that I am now coming to understand.

I also remember the private room where I was moved to with its red striped curtains, gold colored linens, flat screen television, and food that arrived on a silver tray. At the time, I recall my mother stating that the room looked like a bordello (I really miss my mom's humor!). Now in retrospect, I think it did but then what images did I hold of bordellos. All I recall is that it was quiet, peaceful and isolated. It was where I wanted to be at the time. The space allowed me to continue to compose my life separate from the young women who were also giving birth that night. The babies they were birthing seemed to enter life in the midst of stories so different from my own.

I see now that my story of this experience is in many ways another beginning of my work within this dissertation. This story, and the questions that arise from it, propel me down a path of inquiry and wonder where I am able to learn about the stories I live by, the stories of the experiences of youth who I worked alongside, and about the places where our stories intersect within those larger cultural, institutional, and social narratives. It is an inquiry journey into lives in relation, an inquiry journey that will allow me, the youth, and perhaps the readers of this work to world travel (Lugones, 1987), to attend with more loving

perception to others' worlds of becoming. I hope this work will help youth who find themselves homeless or in at risk situations by making their strengths, challenges, and thoughts visible to others.

I will always recall the experience of giving birth to my son and my reactions to the young women whom I was sharing a room with in the hospital. I keep this story close to my heart now, as a reminder of what could have been, or what I could have become, if I had chosen not to hear the stories or experiences of others. This thought frightens and saddens me because I would have missed out meeting and learning about the lives of the youth in this dissertation. I would have missed out on learning about myself.

I am brought back to thoughts of the dominant narrative in child and youth mental health that focuses tremendously upon diagnosis and labeling. This dominant narrative fails to allow the lived stories and experiences of children to be shared, heard, and valued which in turn silences the children and their families. Yet, how are health and social service providers able to provide appropriate care and services, if those whom they work with are not understood; whose lives remain distant at best from our own?

The telling and retelling of this story sets, in many ways, the research puzzle for my doctoral work. The puzzle is one of coming to know the lived and told stories of youth who live their lives in at risk situations. Thinking about lives narratively allows me to come alongside youth to attend closely to their experiences in ways that allow me to see their lives as lives in the making, attending in ways that may help policy makers and practitioners to see these lives

in their complexities rather than as deficit, as outside the normal, as lives in need of “fixing”.

Chapter 2

Narrative Inquiry Methodology

Narrative inquiry is a relatively new methodology in social science research yet it is quite an old practice in the history of humanity as it focuses on stories of experience to create meaning and understanding. This method of teaching and communication has been used by many cultures to pass on tales and lessons from generation to generation (Clandinin, 2006). Narrative inquiry is both a way of understanding experience and a methodology that is designed to understand people's storied experiences as embedded within social, cultural, institutional, linguistic, and familial narratives (Clandinin & Connelly, 2000). This methodology is relational in nature and enables the formation of intensive relationships with each youth to hear how their lives unfold.

As I write these words, I am taken back to stories that I heard from my parents while growing up. I remember these stories and feel that they have woven themselves into how I think about certain topics and behave in certain circumstances. The first story that comes to my mind is from my father who shared stories of his life as a young physician in rural Africa. One particular story of this time that I recall is him explaining about how ill people would get from Diphtheria to the point that when he saw them, they would need an emergency tracheotomy to help them breathe. My father was an avid spokesperson for immunization and was one of the first volunteers in Canada to trial the polio vaccine when it became available. He had witnessed firsthand how communicable diseases can cause death and disability and thus truly believed in

the life saving effects of vaccines. As a result of my father's story and experiences, I have integrated these beliefs into my own. Furthermore, I have often shared my father's story about vaccination and Diphtheria when debates on vaccination present themselves in my personal and professional life. My mother was also a physician who completed her basic medical training in Cape Town, South Africa in the 1950s. In 1969 she went back to medical school after immigrating to Canada to pursue a specialization in pathology. In these days there were few female physicians and apparently a primarily paternalistic view of medicine dominated (particularly by men who grew up in the 1950s). My mom would often tell me of her first day of work as a pathologist in a major urban hospital where she and another female physician were starting the same day. Their superior met with my mom and her colleague and proceeded to say "Now girls, I hope that you can get along without any fighting because I know how women are when they get together". Nowadays, a comment like that of the supervisor would make a person angry or resentful. My mom, however, always spoke of this event with humour but somehow it stuck with her during her career as it does with me now. I will always remember how she believed in equality and never questioned her skills and capabilities because she was a woman. She was a strong, determined and no nonsense person and I will always admire her and remember her stories. She is my inspiration and my strength and remains so despite her death four years ago.

These stories of my parents are quite different than the ones I have shared previously; they show love, pride and respect. My reflections of not feeling heard

by my parents are a piece that I have carried over from my adolescence and with it embodies a different time in my life. As I reflect on my life, I am reminded that I have grown and changed so much over the years. My past is as much a part of me as my present and I am forever changing, learning and growing.

My parents' narratives are part of who I am and I carry them forward in my mind and in my actions. I share them with my children and hope they learn from them as I did. Stories and narratives are a part of *being* in the greatest sense as they are part of the human experience and affect us in the past, present, and future. Narrative inquiry differs from other research which incorporates the use of narratives into their methodology as it involves the inquiry into our lived, told, relived and retold experiences. Connelly and Clandinin (2006) define narrative inquiry in the following:

Arguments for the development and use of narrative inquiry come out of a view of human experience in which human, individually and socially, lead storied lives. People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Viewed this way, narrative is the phenomenon studied in foremost a way of thinking about experience. Narrative inquiry as methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular narrative view of experience as phenomena under study (p.479).

The evolution of narrative inquiry as a methodology has emerged through educational, anthropological and human science influences. This research methodology is not simply the telling and retelling of stories but “a way of understanding experience. It is a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus” (Clandinin & Connelly, 2000, p.20). Narrative inquiry provides an opportunity for individuals to share their stories and life experiences. In this way, narrative inquiry provides an opportunity for the youth in this study to share their experiences in a way that can be meaningful for them. A large part of narrative inquiry is the sharing of experiences by both participant and researcher and the relationship that exist between them. As such, there will be my personal stories, reflections and experiences interwoven throughout this inquiry. This interweaving of the youths’ experiences with my own, reflects the relational nature of a narrative inquiry. During this process we learned from each other and grew together over time and place.

The human experience is both individual and social. Lives are composed of stories that are interpreted personally, yet influenced by the surrounding social milieu. In a narrative inquiry the narratives of individual participants are shared but there exists an understanding that the context of their experience is grounded in the world in which they live (Clandinin, 2006). Clandinin and Connelly’s work (2000) is greatly influenced by educational studies and John Dewey (1934) through his views of *experience* in which there exist two criteria, the first being that the personal and the social always exist together and the second being that of

continuity. Continuity is described as “experiences grow out of other experiences, and experiences lead to further experiences” (Clandinin & Connelly, 2000, p.2). Dewey (1934) discusses experiences as occurring continuously, because of the interaction of living creatures and environmental conditions which are involved in this process of living. As such, narrative inquiry researchers are cognizant of the fact that the individual’s stories vary depending on where they are in the world and the existence of potential influencing factors. In other words *where* we live, and *what* and *whom* we are exposed to in that living space, are tremendous shaping factors to our lives and our own personal narratives.

Anthropologists Geertz and Bateson were also influential in the development of narrative inquiry as a research methodology (Clandinin & Connelly, 2000). Clandinin and Connelly (2000) share that Geertz and Bateson both identify *change* as a key factor in understanding the world. “Whereas Geertz emphasizes the changing phenomena, the changing world studied by the anthropologist, Bateson (1994) emphasizes the person, participant sometimes, researcher sometimes, always the inseparability of the two” (Clandinin & Connelly, 2000, p. 8). For Bateson (1994), it also about *learning* and the change that emerges from learning in an unpredictable and disordered world is important.

Arriving to narrative inquiry from the sciences and in particular mental health, I found the narrative influences of Polkinghorne (1988) and Coles (1989) the most compelling. These two individuals use narrative in their practice with patients; Polkinghorne as a psychotherapist and Coles as a psychiatrist. Coles (1989) incorporates narrative into his understanding and way of thinking about

patients, their experiences, their behavior and their stories within his clinical practice. Polkinghorne (1988) uses narrative within his clinical practice as does Coles, however he also incorporates narrative into research.

Three Dimensional Narrative Inquiry Space

Narrative inquiry as described by Connelly and Clandinin (2006) consists of three dimensions or commonplaces, that is, temporal, personal-social, and place. Firstly, the term *temporal* means that events being inquired into are always changing, as people always have a past, present, and future. *Temporality* is an integral aspect of narrative inquiry, as an event is not thought of as a “thing” happening at that moment but an expression of something happening over time. “Any event, or thing, has a past, a present as it appears to us, and an implied future” (Clandinin & Connelly, 2000, p.29). There is constant change and continual movement as experience moves on. Clandinin, Pushor and Murray (2007) describe this in relation to the world by sharing “it is important to always try and understand people, places, and events as in process, as always in transition” (p.3). There is nothing static or linear about life; it changes and has movement for better or worse. I am reminded of a radio program I heard on the Canadian Broadcasting Corporation (CBC) featuring radio host Jian Ghomeshi interviewing Quentin Tarantino (Ghomeshi, 2012). This interview, originally recorded on December 13, 2012, was recorded only one day before the horrific Sandy Hook elementary school shooting in Connecticut. Anyone familiar with Tarantino’s film work is aware of the graphic violent nature it depicts. This topic was discussed during the interview and how it affects society and behavior. Prior

to the playing of the recorded interview, the host qualified the discussion of violence in the interview by saying that Tarantino's views, as well as his own, may have been stated or discussed differently if they were taking place today only six days after the shooting. This example illustrates the constant manner of transition in people, place and events and how the narrative inquirer understands the world as always and forever changing. This is an understanding that I have grown into and recognize in my own life, and in working with the youth in this study.

Secondly, the *personal-social* refers to the importance of the individual within the inquiry, as well as the social conditions surrounding individuals which exist at the time. Individuals are affected, changed, influenced, and formed by their surroundings, beliefs, and by the relationship between inquirer and themselves. The *personal-social* dimension of narrative inquiry can also be thought of as the *interaction* between personal and social context. The dimension as described by Clandinin and Connelly (2000) of *place* or *situation* refers to "the specific concrete, physical and topological boundaries of place or sequence of places where the inquiry and events take place" (p.3). It is important for the inquirer to be aware of *geographic place* and how this impacts the story being shared. While conducting narrative inquiry the researcher lives together with those whom they are inquiring alongside. The researcher comes into the participant's world and shares experiences with them. In other words, the inquirer will be out in the community wherever their participants may be; perhaps in a school, hospital, or other agencies sharing experiences in various ways from

photographs to conversations (Clandinin, 2007). For example, in my inquiry with youth considered to be at risk I have been located primarily at an inner city arts based community agency that serves this population. It was mostly at this agency where I met, spoke, and engaged with the youth. A narrative inquirer approaches their research from various angles as relationships and circumstances change. They are versatile and may continually negotiate the ways their research is progressing as stories and places vary over time. Furthermore, Clandinin and Connelly (2000) offer the term “storied landscape” to encompass the understanding that all people experience their lives in various places and times, which mold experiences, knowledge, and perceptions. “We live storied lives on a storied landscape” (Clandinin, 2006, p. 51). Again, I think of the youth who participated in this inquiry and how their storied lives have been experienced in a landscape that has its own story. The youths’ landscapes being that of group homes, foster care, the street, the inner city, families, schools, and community agencies. These experiences have taken place in a prosperous province during a time when services for youth such as education, child welfare, and healthcare have been in flux.

As a narrative inquirer, I spend a great amount of time over long periods getting to know participants and the landscapes they live within. I learn to become part of the landscapes and to inquire into, observe, and reflect on the many relationships and events that take place in these spaces.

In order to join the narrative, to become part of the landscape, the researcher needs to be there long enough and to be a sensitive reader of

and questioner of situations in an effort to grasp the huge number of events and stories, the many twisting and turning narrative threads that pulse through every moment and show up in what appears to the new and inexperienced eyes of the researcher as mysterious code (Clandinin & Connelly, 2000, p.77).

Living Amidst

As a narrative inquirer, the relationships that the youth and I built together formed the foundation of the inquiry. These relationships were the basis to our trust in one another, our work together, and to the sharing of our lives and experiences. Relationships are central to narrative inquiry on many levels from participant and researcher, social and personal to narratives and methodology. As well, there exists the important relationship between “narrative as phenomenon and narrative as methodology” (Clandinin, Murphy, Huber, & Orr, 2010, p.82) in which the inquirer in relation with the participant examines the participant’s relations of the past, present, and future. In narrative inquiry, experience is the phenomena through which people live and understand their world. This understanding of phenomena is central to narrative inquiry as a methodology. During the inquiry there is a continual journey of moving forward and backwards together where participant and researcher learn from each other. Furthermore, as a narrative inquirer the lives and stories are interwoven and are seen in relation to those of the participant. As researchers we do not stand outside the lives of participants; we place ourselves *with them* and see ourselves as part of the phenomenon being studied (Clandinin et. al., 2010). As a researcher, I find

myself *living amidst* the participants due to the relationships we have formed and the foundations built throughout the inquiry. This “living amidst” can often evoke emotional reactions within the researcher and stimulate the questioning of personal ideas and beliefs. I often found myself living at the *boundaries*, caught between my narrative thinking and my previous experiences (Clandinin & Connelly, 2000). Finding myself at these boundaries caused *tension* within myself as I bounced against different ways of thinking, perceiving, and understanding experience. For example, a tension I experienced during my research was the existence of the dominant narrative of diagnosis and categorizing. This tension that I had learned from working in the area of children’s mental health forced me to examine who I am in relation to the youth, as well as who I am personally. Tensions are integral to narrative inquiry as they take the research many steps beyond the single narrative of one person and lead us down a trail of self- discovery. Narrative inquiry is much more than looking for or hearing a story, it is “a form of living, a way of life...it is one of trying to make sense of life as lived” (Clandinin & Connelly, 2000, p.78).

Visual Narrative Inquiry

Visual narrative inquiry incorporates the use of images, such as photographs, into narrative inquiry. The content of the photographs can be used to facilitate conversations between researcher and participants, “evoke words” (Bach, 1998, p.34), represent meaning in the participants’ lives, and show a moment in time that represents emotionality. As shared by Caine (2002) in her visual narrative inquiry with aboriginal women living with HIV, “taking, viewing

and keeping subjective photographs was also a way to resist assumptions, and the photographs inspired many of the stories told” (p.72). These words ring true as the photographs taken by the youth have helped facilitate conversation and evoke deeper feelings and emotionality in their stories. For example, one youth took photographs of back alleys and buildings in the downtown core where she had slept as a way of showing her life when she was homeless and how she felt during that time. I have also become aware of the *subjectivity* of photographs and slowly learned not to assume anything about someone else’s photographic views of the world. As stated by Weiser (2001) “The actual meaning of any photograph can never be totally objectively known or predicted especially by an “outside observer” who was not initially involved in any portion of that image’s creation. In this sense, it can easily be seen how a camera’s lens always focuses inward at least as much as it does outward toward a subject of the photographer’s gaze” (p.10). Photographs can act as sites of narrative inquiry by encouraging the participant and researcher to explore the three dimensional space surrounding the photographs; for example by asking questions such as, *where was I before this photo was taken?, where did I go afterwards?, does this photograph remind me of another time in my life?, or what do I see in this photographs?*

Visual narrative inquiry is an effective and engaging method of research that can be shared with others. The photographs taken by the youth in this inquiry are an integral piece of their narrative accounts and create depth to their already complex lives. Furthermore, the photographs are a visual portrayal of their

continuing lives, showing where they have been and potentially where they will be heading both physically and emotionally (Weiser, 2008).

A visual narrative inquiry is “an intentional, reflective, active human process in which researchers and participants explore and make meaning of experience both visually and narratively” (Bach, 2008, p. 938). Photography is similar to writing as it provides a way to explore our lives and ourselves through creating a visual story (Caine, 2002). The addition of photographs as field text in this narrative inquiry provides a rich and meaningful method for the youth to tell their stories, particularly as these youth can identify with arts based methods of expression as shown by their affiliation with CAY. I brought the photographs into the three dimensional narrative spaces alongside the youth in order to gain insight, clarity, and understanding of what they have explored. Through conversations with the youth about their photographs, we explored together the social, temporal and place dimensions of each photo as they were presented. Photographs are symbolic representations that provide access to individual’s experiences and perceptions of the world. The youths’ photographs tell of life moments, create snapshots of their world and serve as a visual diary of their lives at that time (Caine, 2002).

There are some dangers to visual narrative inquiry. *Danger* itself is a strong word inferring injury or harm and is not to be taken lightly, but it should also not deter from the use of photographs. Photographs are a way for the youth to share their lives and affords them the independence and freedom to share what they wish using a creative and artistic method. The process of taking and using

images has in itself ethical *dangers* such as privacy, potential of illegal content to the photos, consent of those to be photographed and so forth. These dangers need to be considered at all points within the process and require a trusting relationship (or at very least a relationship) between researcher and participant. As a researcher I must always be cognizant of my personal interpretation of the participants photographs. It is the youth who own their photos and who will share and interpret the stories surrounding them. I have little control over what will be photographed and why or what the youth choose to share with me. I rely on the relational aspect of the inquiry and place trust in the youth with whom I work. As Bach (1998) shares “Visual narrative inquiry is living life at the boundaries- knowing that providing participants with cameras and film can uncover secrets, similar to lifting a heavy stone and uncovering a myriad of organic living” (p. 295).

Ins and Outs of the Inquiry

During this inquiry I was positioned alongside the youth, sharing stories of experiences, listening to, learning from, and inquiring into, how their lived and told stories formed an understanding of ourselves. It too placed experiences, people, and situations within past and present contexts. Narrative inquiry is attentive to experience over time, and in diverse places, beginning from, and unfolding through, relationships (Clandinin & Connelly, 2000).

Participants

The youth in this study are all young women between the ages of 12-22 years and are either homeless and/or live at risk lifestyles within a western Canadian city. They experience or have experienced mental health issues.

Field Site

Relationships with the youth began during a photography club that I initiated and ran which was hosted at an arts-based inner city agency CAY. This agency is a non-profit organization that works alongside at risk youth with drug addiction and mental health issues through arts based programming and mentorship, crisis intervention, and life skills development. This agency is located within the inner city and acts as a hub and meeting place for youth who wish to express themselves through art and music, seek emotional support, social services support, referral information, food, or just to hang out in a creative and friendly environment.

Negotiating relationships with participants

After spending two months at this agency, three youth from the camera club and three whom I had met just by being at CAY agreed to participate in this visual narrative inquiry. During this inquiry, I met individually with each youth at various times over eight months to look at their photographs (from the digital cameras that I had provided) and discuss their lives and experiences.

Place

The meetings with the youth took place in various locations ranging from coffee shops, restaurants, CAY itself, community agencies and even in my car. The conversations with the youth during this inquiry were recorded and transcribed, then reviewed with the participants when possible (some of the youth were unavailable or had moved from the city) to ensure they are given the opportunity to clarify and share their thoughts on the process. I tried wherever possible that the youth remained creative and contributing participants, engaging in more than simply answering research questions or telling life stories. They gathered chosen photographs, created scrapbooks, wrote poetry, and worked with me on what they wished to present in their lives and of their experiences. This co-creating reinforces the important relational aspect of narrative inquiry methodology. A methodology that allowed me to explore with the youth their experiences alongside my own.

Field Texts

During this inquiry, field texts were collected in the form of conversations, field notes, researcher journal writings, and photographs. The conversations and photographic work were used as methods to engage participants, while field notes and personal journal writings were created to record what was *said* and *noticed* in the field (Clandinin & Connelly, 2000). For me, field notes were observational in nature outlining the comings and goings at CAY, while my personal journal was a place where I shared my deeper thoughts, feelings, wonderings, and frustrations. These field texts in narrative inquiry are not an objective representations of the

research experience, however “it is important to note how imbued field texts are with interpretation” (Clandinin & Connelly, 2000, p.93). While engaging in the writing of field text Connelly and Clandinin (2000) suggest “it is important to be aware not only that selectivity takes place but also that foregrounding one or another aspect may make other aspects visible or even invisible” (p.93).

Conversations

The conversations between the youth and myself were digitally recorded then transcribed verbatim. During the conversations the youth and I would often look at their photos which served as catalysts for conversation. For example, Stephanie and I would look at the photos she took of buildings and places within the inner city. She told me stories about each place, who she was with, and what she did in these places. As well, she shared how she felt at that time in her life and what she feels now looking back. There were also times with the youth that we would simply chat with me asking open ended questions about school, family, friends, partners, clothes, music etc... (and over time the youth asking me many questions too about similar things). During the first meeting with the youth all of the conversations tended to present themselves as more of an interview. This seemed to occur as the youth and I were just getting to know each other, or that the youth were unsure of what they should or should not share. I also was uneasy during these first meetings and tended to revert back to using closed ended questions in order to fill what sometimes would be an awkward silence. I felt as though I should be *doing* something, and this was my idea of what it should be. On these occasions, I guided the conversations as our interactions became easier

and less tense. As Lugones (1987) stated, the youth and I became more at *ease* in each other's *worlds*. Although the youth and I did not share common backgrounds or history, we often became "humanly bonded" (Lugones, 1987, p.12) by spending time together, sharing ourselves with each other, and trusting one another. I became a different person in this world as I was not simply "Margot from a privileged background who works at the University"; I was a trusted confidant, listener, and companion to youth in the inner city. I was proud of who I became. This is not to say that the process and days in the field were always easy. At times I felt lost, uncomfortable, out of place and just confused, but I learned to accept these feelings as part of the process and experience of the inquiry. During my time at CAY, some of the youth were more receptive and trusting than others, they too went through ups and downs as their lives unfolded.

Each conversation was transcribed and when possible shared with the youth. Sharing the transcriptions with the youth gave them the opportunity to review their shared thoughts and remain part of the narrative process. As well, this sharing gave the youth opportunity to clarify what they had said or expand on their experiences. Although I wish I could have had the opportunity to do this with every participant, only two of the youth were interested in following up on the written conversations. That said, the five youth who took photographs all followed up to view and discuss their photographs with me on at least one occasion. It was extremely challenging to connect with most of the youth to share the narrative accounts as their schedules and lives were often in flux due to changes in living situations, transportation, or other issues. Moreover, even when

the youth were engaged to review the narrative accounts they had difficulty maintaining focus on the written word. Eventually it became easier for me to read pieces of the conversations and give them time and opportunity to react to the words. This also allowed for the youth to stay engaged and involved participants in the research.

Field Notes

I kept field notes after meeting with the youth, spending time at CAY, or having a conversation with individual youth. I found that writing field notes served several purposes. It allowed me to sort out my experience chronologically and recall the events of each day; they served as a way for me to *check in* on what I was doing during my research and kept me accountable; they provided a recall of the youths' activities and my perception of those activities; and provided a timeline of what had been achieved during my time with the youth from CAY. The field texts were a vital piece of the narrative experience and I have included several excerpts from these notes within this dissertation. An example of my field notes are as follows:

May 16, 2012

No camera club today but I went to hang out and spend some time at the agency. Not many kids there today. Met a nice girl named Jill who works at the Inner City Health Centre in a program for at risk youth to keep them clean and off drugs. Jill was herself at CAY a few years back. She is a mom of a 3 year old which she had at 17 years and now attends the mom's group at CAY. She may be a good research participant. Tanya and Penny showed up but were mostly interested in hanging with the social worker. Tanya is pregnant (which I learned today) and she is really showing which means she must be at least 4 months judging from how tiny she is. I heard through rumours that she was raped and was scheduled for abortion but her family made her keep the baby. She's only fourteen and such a kid herself. They did say hi to me today so maybe I've made some progress with

*trusting me a bit.*²

Personal Journal

I found that the personal journaling which I kept during my research helped me emotionally. The reflections allowed me a safe place to express my thoughts, feelings, questions and frustrations without recourse. As well, I found that my reflections changed throughout the research process as I became more engaged and entrenched in the lives of the youths. As I came to know each youth more closely, their issues and challenges became more real and vivid in my world and to my understanding. I found myself becoming emotionally charged by their lives and experiences and this affected me tremendously. My feelings were often reflective of the youths'. The ups and downs of their lives along with a great deal of instability and unpredictability kept me unsteadily in tow. As a result, the ability to reflect within a journal was a wonderful (and necessary) form of expression. It did seem that over time my field notes and reflections became as one, including my daily accounts of what was occurring with the youth as well as my personal feelings and thoughts. I found this an easier way to process what was happening for the youth and for myself. My personal reflections are raw and honest which I believe mirror my experiences during this entire process.

So where do I fit in here. Today was the first day I got kinda grossed out at something I saw which was this one youth who I have seen before. He looks late teens, fuzzy hair. I went outside in front to make a phone call as it was a beautiful hot and sunny day. He was sitting in the little corner smoking meth (I'm pretty sure) from a pipe and I could smell the sweetness of it. I saw him a little while later in the kitchen looking pretty messed up. I didn't like this experience at all, it just felt a wee bit too close and realistic. Maybe I am not cut out for this. This is

² All names are pseudonyms

the first time that I have felt that way and I'm feeling out of sorts. It's just like the time last week when the boy Noah [pseudonym] walked in. Noah is a heroin addict according to the social worker and is currently on methadone. He walked in the door, looking straight ahead, as if he had had the most exhausting and worst night of his life. He went to the kitchen and put his head down and he was out cold for hours. It broke my heart. He is such a sweet looking kid and I often wonder what his story is. Maybe one day I will find out. (Personal Journal, 2012)

I never did find out what Noah's story was even though I tried to find him on many occasions. He was homeless and transient so his presence at CAY was hard to predict. In this journal entry, I came to discover that Noah reminds me of Casey whom I spoke of earlier in my narrative beginnings and the emotion surrounding that time came pouring back to me. I have learned that my past is as much a part of me as my present and I continue to grow and learn from each experience.

Photographs

In order to gain trust from the youth and stimulate their interest in photography, I initiated a bi-weekly camera club at CAY which was open to all interested youth. This club was separate from this research and youth continued in the club even if they did not choose to enter into the inquiry. After several meetings of the camera club, I began to meet some of the youth who became participants in this inquiry.

Upon enrolling a youth into the study they were provided with a digital camera for the purposes of photographing whatever they wished. I tried to ensure that the youth understood that they were in charge of their photographs and there was no *correct* way of going about things. I tried to provide the youth with

photography themes by suggesting they keep a visual diary of their days, what mental health meant to them, or simply their ‘view’ of the world. This direction was an attempt to guide the youth towards looking at their experiences. Moreover, the youth were informed that we would get together to download their photos onto a computer so we would talk about the photos and their experiences. It was challenging at times to keep the youth engaged as their lives were often unpredictable due to changing living situations, substance use issues, illness and/or family instability. This unpredictability led to many issues such as cameras being lost or stolen, youth leaving the city without notice or not showing up at CAY for set meetings, or I simply lost track of the youth as they did not have a phone number or address. Furthermore, one youth was very engaged in conversation but did not bring the camera back at all resulting in narrative accounts of her life without the visual images. For the remaining youth, the photographs served as a tool to stimulate conversation, create a sense of wonder, and provide a glimpse into their complex lives. In living alongside the youth during this time, I learned so much about the strength and perseverance that exists within the youth despite their lives’ challenges. This gave me a greater appreciation of the time and effort they gave to me as well as to their photography and passion for art.

Narrative Accounts

Narrative accounts within a narrative inquiry occur as a researcher moves from field texts to research texts, and may be viewed as the analysis or interpretation portion of the research process (Clandinin, Lessard & Caine, 2012).

The narrative accounts in this inquiry were co-composed with the youth (whenever possible) and myself, and were negotiated with the youth. The narrative accounts allowed for a representation of the unfolding lives of both myself and the youth; a way to make visible the relationship between us and the stories we shared (Clandinin, Lessard & Caine, 2012).

Within the narrative accounts, I share the individual narratives and photographs from each youth. These narrative accounts take on different forms including poetry, conversations, letters, personal reflections, and images. The narratives of Stephanie, Lacy, Emily, Julia, Amanda and Natalie stand independent of one another, as the lives and experiences of each youth are their own.

Threads

Although a single individual tells but one narrative there may exist some resonances that can echo across people's stories. These resonances, referred to throughout this inquiry as *threads* open up wonders about shared experience. Sandelowski (1996) shares this idea by suggesting "like a good theory, a good story has elements of universality" (p.119). Universality as stated by Sandelowski may not be the *goal* of narrative inquiry, but it does suggest the presence of threads or resonances across lives. The intention of identifying threads within this inquiry was to open up new questions and wonders about the lives of youth who are at risk or homeless, and how this may provide further support or services for these youth (Clandinin, Lessard & Caine, 2012).

After completing the youths' narrative accounts, I recognized the presence of threads resonating across the youths' stories. At that time, I left behind the intimate space with each individual youth and began to look for the threads that deepened and broadened awareness of their lives. It was as if I momentarily froze their lives in time to look for these resonant threads when their lives kept on continuing at the same pace.

Further Inquiry

In order to convey meaning and reflect on the narratives and photographs of the youth, I worked with artist Michelle Lavoie. At the beginning of this process, I shared the youths' narrative accounts and photographs with Michelle to allow her opportunity to begin to understand the youth and my relationship with them. Michelle and I then discussed methods that we thought would artistically show the lives of the youth through their words and images. The hopes of including the artistic interpretations of Michelle in conjunction with myself and the youth, is that the final narrative accounts will reach the reader visually using various texts, photographic interpretation, and artistic techniques.

Chapter 3

Ethical Considerations

Research involving youth who are homeless and/or labelled *at risk* poses a twofold ethical dilemma. Firstly, there is the concern of conducting research with those who may not have reached the age of majority and would therefore be categorized as child subjects under the National Commission for the Protection of Human Subjects (Tauer, 2002). Secondly, not only are these children participants but they are also considered to be a marginalized and vulnerable group. Any research with vulnerable populations must be entered into cautiously and with great thought, as it would be unethical to place this population at greater risk. In order to conduct research with youth who are homeless, some benefit must exist for the youth themselves or to other youth who may find themselves on the streets in the future. We do not allow individual research participants to assume any significant risks unless there is some possibility of benefit to them as individuals (Tauer, 2002).

Conducting research alongside youth poses two main concerns: Firstly, youth are often described as *therapeutic orphans* (Tauer, 2002) because of the lack of adequate research on the treatment of children. Secondly, due to the history of abuses being done to those who cannot consent to their own participation in research, children as a population have been generally avoided as research participants. Tauer (2002) addresses the ethical challenge that presents with research involving children “On one hand, we are obligated to protect individual child subjects of research from being harmed or improperly used. On the other hand, the welfare of all children depends on research...such research is

essential in order to provide benefits and to prevent harms within the population of children as a whole” (p.128).

In 1977 the National Commission used the term “minimal risk” as a baseline for the categorization of research that was acceptable to include children. Minimal risk is defined as “the probability and magnitude of physical and psychological harm that is normally encountered in the daily lives, or in routine medical or psychological examination, of healthy children” (Tauer, 2002, p.129). There has been much disagreement and debate over the proper interpretation of “encountered in daily lives” as some groups of children encounter tremendous dangers in their daily lives due to their living conditions or medical interventions and treatment. In 2001 the National Bioethics Advisory Commission agreed with these concerns and supported the matter that it is morally unethical to locate children that are in these circumstances. The Commission recommended that the “standard for minimal risk be risks that are familiar to the general population rather than risks encountered by particular persons or groups” (Tauer, p. 130).

Yet another concern arises when research is proposed with children, which is to allow already sick children to participate in research which may not benefit them personally. As shared by Tauer (2002), the Commission agreed that research that involves a “minor increase over minimal risk is permitted, provided that (1) the research procedures are commensurate with those already inherent in the subjects situation; (2) the research is likely to yield generalizable knowledge about the subjects’ disorder or condition; and (3) the anticipated knowledge is of vital importance for the understanding or amelioration of [that] disorder or

condition” (p.131). Lastly, in 2001 the National Bioethics Advisory Commission (NBAC) conducted an exhaustive study into the ethical and policy issues of human subject. The NBAC recognized that with respect to research with children, it is recommended that children be placed into a general category of vulnerable subjects (Tauer, 2002). This factor highlights the importance of ethical consideration with youth who may be under the age of majority as well as being considered a vulnerable population.

Although ethical considerations are mandatory for all research, narrative inquiry requires ongoing ethical consideration. For many research projects, consents are obtained prior to beginning a study. In a narrative inquiry, ethical issues are navigated through the entire study from start to finish, as stated by Clandinin and Connelly (2000)

they are not dealt with once and for all, as might seem to happen, when ethical review forms are filled out and university approval is sought for our inquiries. Ethical matters shift and change as we move through an inquiry. They are never far from the heart of our inquiries no matter where we are in the inquiry process (p. 170).

As a narrative inquirer who has worked alongside youth considered at risk, I am struck by ethical considerations that occurred at many turns within this research. Ethics in narrative inquiry goes well beyond that of the formal processes and professional codes; it exists in every moment of the inquiry from the sharing of stories, establishing of trust and rapport, to developing relationships and inquiring into life stories. In working with the youth, ethics in practice was

constantly in my mind whether I was listening and responding to the stories of the youth, just hanging out in the community, delving into my own narrative beginnings or writing field texts and research notes. During this inquiry I was continually asking ethical questions of myself such as “*Is this discussion re-traumatizing this youth?*”, “*Is there a need for children’s services involvement in this situation?*”, or “*Am I meeting my professional responsibilities in this situation?*”. For example, I was faced with an ethical dilemma when one of the youth with whom I was working was taken from her home by Children’s Services. A day after the apprehension I was phoned by the mother asking if I could advocate on her behalf to help get her daughter returned home. In this situation, I did not believe that I was in a role to advocate for the youth so I declined but ensured the mother that I would be available for support and to provide referrals for her and her daughter if needed.

Having engaged with the participants, I was ethically responsible that our co-composed stories are re-represented as the participants and I negotiated them to be. As stated by Clandinin, Pushor, Murray, and Orr (2007) “In narrative inquiry, inquirers must deepen the sense of what it means to live in relation in an ethical way. Ethical considerations permeate narrative inquiries from start to finish: at the outset as ends-in-view are imagined; as inquirer-participants relationships unfold, and as participants are represented in research texts” (p.13).

I believe that addressing the social significance of my research with youth considered to be at risk is part of my ethical responsibility. I believe it is important to be able to answer the *so what* and *who cares* questions when

conducting this research as it shows the importance of the work being done and the many potential benefits to the youth and society as a whole. Additionally, as a narrative inquirer I am responsible to highlight the social significance of this work to the already existing body of work in their area of study. What is already known about a particular topic is crucial to the work that narrative inquirers need to do in their research texts, if they want to be of significant influence in shaping the areas of policy and practice dialogue and change (Clandinin et al., 2007).

Visual narrative inquiry can also create a platform for those whose lives and experiences may never have been seen or heard otherwise. I believe that there are ethical obligations in society to let those in vulnerable situations have their stories be told and experiences be understood.

In addition to those strategies previously illustrated throughout my doctoral work, I have implemented the following:

1. Prior to the beginning my research journey with youth, I explored my narrative beginnings. This process enabled me to see where I stand relationally to the youth and helped me recognize where I have come from.
2. During my research I kept a journal where I reflected on my thoughts and experiences.
3. I was able to de-brief and share my field experiences with my co-supervisors and committee members.
4. I referred youth to community agencies that served their needs and advocated on their behalf when necessary.

5. I met with the youth in safe environments of their choice to protect them and make them feel secure.
6. I have kept all transcripts, notes, photographs, tapes, personal reflections and research data in a locked cabinet in my office at the University of Alberta.
7. I provided an information letter and obtained a signed consent form from all participants.
8. I obtained a written agreement of confidentiality from the transcriptionist who listened to my recorded interviews with the youth.

Relational Ethics

Narrative inquiry is a research methodology that explores human experience and is reliant on the relationship between researcher and participant. The research experience is a shared experience that builds on relationships, trust, and respect. As such, an awareness and respect of *relational ethics* by the researcher is of utmost importance in narrative inquiry. By definition “relational ethics focuses on the relationship between people as the centre of ethical interest” (Evans, Bergum, Bamforth & MacPhail, 2004, p. 463). This approach to research and relationships implies that there is a reciprocal process in place and that the human-to-human interaction is expressed and valued. As a result, both the researcher and research participant learn, grow and change during the process (Evans et al., 2004). Relational ethics also brings awareness to the power differentials that exist within relationships and the research process. In working with this vulnerable population, I may be seen as having the position of power

which could have affected the quality of relationships I had with the youth. My goal was to ensure the youth are co-researchers and involved in co-composing of research and field texts which involved some self-disclosure and trust on my part. This balancing of power fostered greater relationships which resulted in deeper and more meaningful research relationships.

I think of my previous work within children's mental health and how the vast majority of work is spent developing relationships with children and their families. It is only once this trust is established and proven that more in depth supportive interventions can take place. Trust is crucial to the functioning of true therapeutic relationship. The narrative inquiry process is much the same in that relationship development and trust is so key for this work. Why would a youth share their personal experiences and stories with me if they did not trust that I would keep them safe and respect the words that they have given me? This rings true for this current inquiry, as trust was the foundation to the relationship between the youth and myself. Had trust not existed during the inquiry process, the youth would not have been able to share their experiences and stories nor would I have been able to learn alongside them.

Boundaries

Health care professionals are guided by a set of boundaries that are outlined by their specific governing bodies. For example, in Alberta, boundary guidelines for nurses are listed and described in a specific document published by the College and Association of Registered Nurses of Alberta (College and Association of Registered Nurses of Alberta, 2011). There are certain boundary

violations that are simple and straightforward such as having sexual relations with a client or abuse. However, some boundary issues are often murky due to the complex nature of the relationships and grey areas open to interpretation. It may be simple to state that self-disclosure is inappropriate within the nurse-client relationship; however there may be situations where some self-disclosure is acceptable and almost necessary to move forward in the therapeutic relationship. During this inquiry, self-disclosure was crucial as it enabled me to gain the trust of the youth and to form the relationships that are central to this research.

Due to the important relational aspect of narrative inquiry, boundaries become more complex and roles are questioned and often are multiple. We have the responsibility to care for and respect the needs of our participants but “we also nudge at the conventional research-relationship boundaries that are prescribed for us by institutional ethics” (Caine & Estefan, 2011, p.967). No longer are we simply “nurse” or “researcher” but we become a combination of both, and often enough this role extends further to that of counselor, advocate, friend, or ally. “The sustained nature of narrative inquiry means that narrative inquirers have relational responsibilities. Our relational responsibilities are influenced by a multiplicity of identities; we are not only researchers but also companions and, at times, friends” (Caine & Estefan, 2011, p.967). The following are some earlier journal entries and field texts that I wrote addressing these boundary and role issues and concerns. During the course of this inquiry I struggled to find my place in the lives of the youth, as did the youth into mine. This was especially

difficult at the beginning of the inquiry as we were both setting limits and boundaries for ourselves and I was desperately trying to understand their world.

April 11, 2012

I am having some difficulty separating myself as the researcher from myself as the health professional. It is so hard not to jump in and start talking about parenting, prenatal care, and health care issues with the youth that are at the agency. I don't really think that I can totally separate myself at all as it is the thing that seems to build some trust with the kids and gives me a door to know them better. I am having difficulty with CAY and its programs as I am so used to a preventative type program where I still am trying to figure out what they are promoting? So many of the youth have serious drug issues and have kids or are kids of users. Where does the cycle get broken? I find it so overwhelming and it sure makes the research on this area look important to tackle.

April 25, 2012

Out of the blue Julia texts me at about 4:00 that she needs the phone number for children's services as she knows of some kids being abused. I texted her back with the number and asked if she was ok and what was going on. About half an hour later she called just as I was getting home to say that she went to her mom's funeral yesterday and her family ganged up on her and kicked her out of her grandma's house after. She said the kids there are being yelled at and they smoke continually in the house. I asked what happened with her mom and she said that she overdosed on some bad drugs. She was at her sister [name] who is "the good one" that doesn't associate with the rest of the family as they are all poor influences. She was going to see her boyfriend after he finished work around 5:00. She agreed to meet me tomorrow afternoon and I will text her around lunchtime to confirm. She will talk with her boyfriend and sister if she feels upset but I encouraged her to only be around those who make her feel safe. I have to say that this entire situation worries me on many levels. Firstly, I am concerned for Julia. Secondly, I want to inquire more into her allegations of the kids at her family's home being treated poorly. Thirdly, I am not Julia's counselor and my capacity to work with her is limited so I have to make sure that she is referred to the appropriate resources. I do know that she has already talked with children's services, her social worker and parole officer about this situation. Do I call too? I don't even know who the kids are or where they live? Julia said that children's services couldn't do anything at this point as Julia didn't even know who the kids were and how can you investigate when you don't know who to look for? I also need to set out some clear boundaries about when she can and cannot contact me, and the scope of things that I can do for her in my position. I am happy to listen and help her let things out but I must make sure not to take on the role of counselor especially since she is able to contact me by phone.

I am reminded of the roles that I must take and of my ethical responsibilities with Julia and asked her permission to discuss the issues of possible child maltreatment with the social worker at CAY. She agreed and the three of us discussed the matter at length so that if any reporting was deemed necessary, the social worker would take on that responsibility.

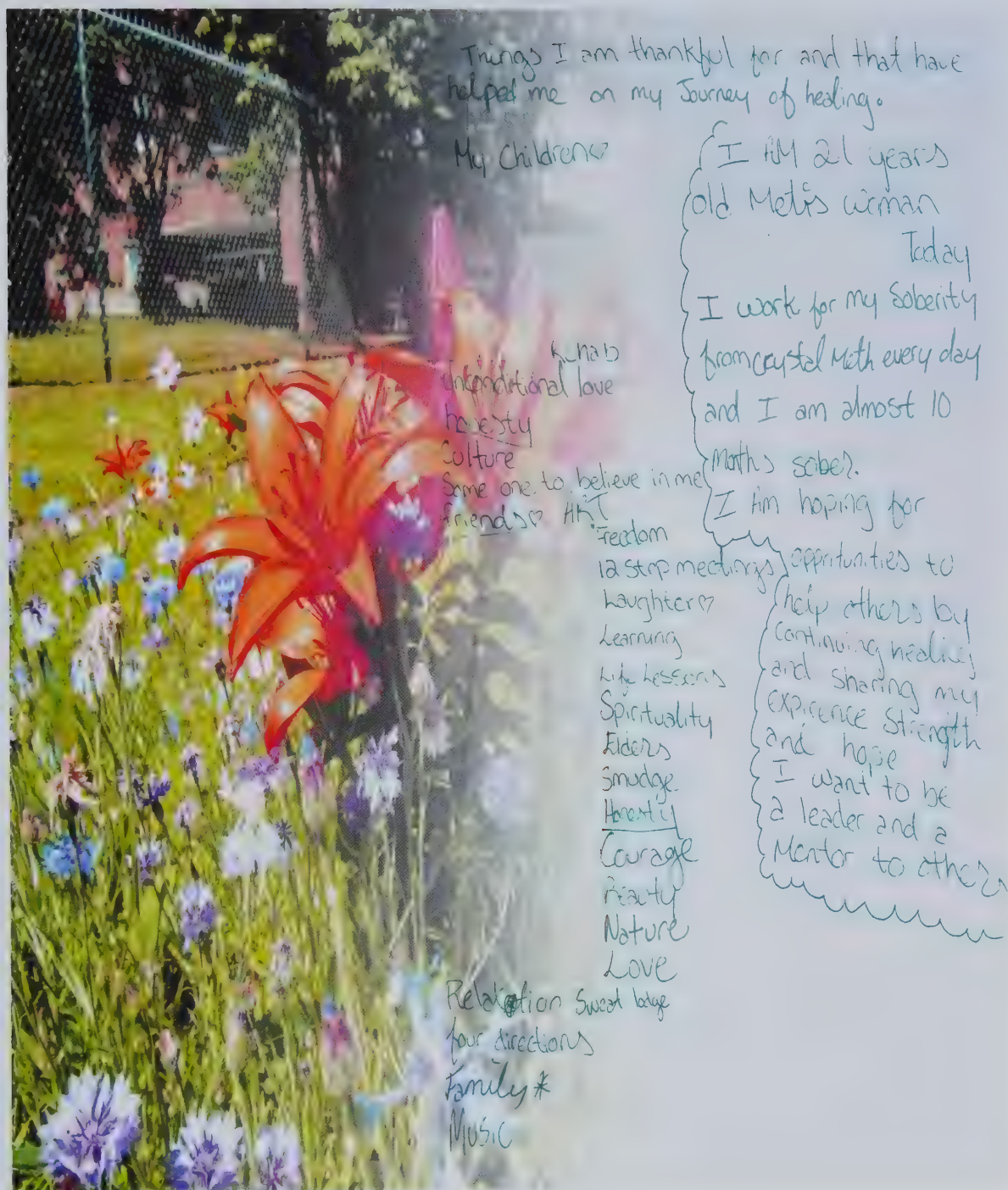
During this inquiry my responsibilities have been to Julia, Lacy, Natalie, Emily, Amanda and Stephanie. I have been guided by the youth and have followed what I believed to be the best and ethical course of action with each of them while respecting their stories and their lives. I have found myself searching and discovering alongside of the youth. Through the relationships we have negotiated, I slowly began to find my place in their world as they did in mine.

Chapter 4

Narrative Accounts

The following narrative accounts share a sense of my account of the lives of six remarkable youth: Natalie, Stephanie, Lacy, Julia, Emily and Amanda. Their stories and experiences are shared through many different means including photography, written text, poetry and conversation. These narrative accounts also expose the relational aspect of this inquiry as many of my thoughts, feelings and experiences are shared throughout the youths' accounts. The accounts within this chapter are all unique; each is presented differently as every youth, and the relationship that I have with them, varied.

STEPHANIE



This beautiful photograph was taken by Stephanie, a youth whom I had met earlier in 2012 at CAY. She had taken this photograph during the summer of 2012 for a scrapbook we were working on together as a means to get to know each other. We had agreed to work together on the scrapbook although it was a scrapbook about her. My stories were not visible in the pages of the scrapbook although her stories often brought my stories to my awareness. Stephanie shared this photo with me on several earlier occasions. However, I recall the day she came to CAY excited to share her recent work on the scrapbook. At the time she was living in a rooming house which she “despised”, and the only privacy she had was a tiny bedroom. It was in this tiny bedroom that Stephanie worked on her scrapbook until the late hours of the night. As she shared the scrapbook with me that summer day, she told me that working on the scrapbook made her feel like “she was working towards something” and that it “helped” her recovery.

Stephanie and I sat side by side on a worn out sofa in a quiet area of CAY as she shared the writing that she had placed alongside her photographs, including the one shown previously. Her words of hope and thankfulness which she shared that day are inscribed upon this photograph in what she referred to as her *healing journey*. There were so many words that she used to describe herself, words like “freedom”, “laughter”, “spirituality”. She wrote of people too who were on the “healing journey” too, “Elders”, “family”, “my children”, “friends”. “Friends” were marked with a heart as were “children” and “family” marked with an asterisk. The words also spoke of forward looking stories, of healing, of helping others, of being a leader and a mentor. As I looked back into the stories of pain

with the addictions and the losses, I saw that she was telling herself stories of healing and moving forward.

As we sat on the sofa together I recollected that I was filled with so many thoughts and questions. Where does she get her strength from? How did she make the choices that she has? How can Stephanie, who has suffered so greatly in the past, choose to see the positives in her life rather than focus on the negatives. How can I learn from Stephanie? How can I use her influence to shape my views of life and circumstance?

Now as I inquire into her stories, moving backward to the days I knew Stephanie before we sat together on the sofa to the stories I lived alongside her and even further back to the stories she told me of growing up, I see so much more. As she shared these writings with me on this summer day, she recreated stories of her life on the pages of a scrapbook which I had carefully chosen and bought for her weeks before. As she shared her writing, I became caught up in the stories that she was telling, stories with plotlines that seemed to speak of different aspects of her life and experience. I look back at this day and feel honoured that I was able to live and learn alongside Stephanie as she recalled her experiences and shared her stories.

Meeting Stephanie

I slide back in time to the first time I saw Stephanie and my perceptions that she was either a worker or volunteer at CAY. She seemed comfortable and familiar in the surroundings at CAY and appeared to know a lot of people. As we talked over the months, I learned that Stephanie had spent so much time at CAY

since she was about 13 years of age, while she was homeless, using meth, and struggling in her life. She had shared that CAY was a “place where she never felt judged no matter what she did”; a place where she felt accepted unconditionally. I sometimes wondered if CAY felt like a sanctuary for Stephanie in the midst of her chaotic life on the streets, and that perhaps some of the workers took on the role of a surrogate family in her life. She had not shared these exact words with me, but often spoke of one worker in particular whom had stuck by her, a worker who was a support and advocate that never let her down and continued to believe in her when she felt like no one else in the world did.

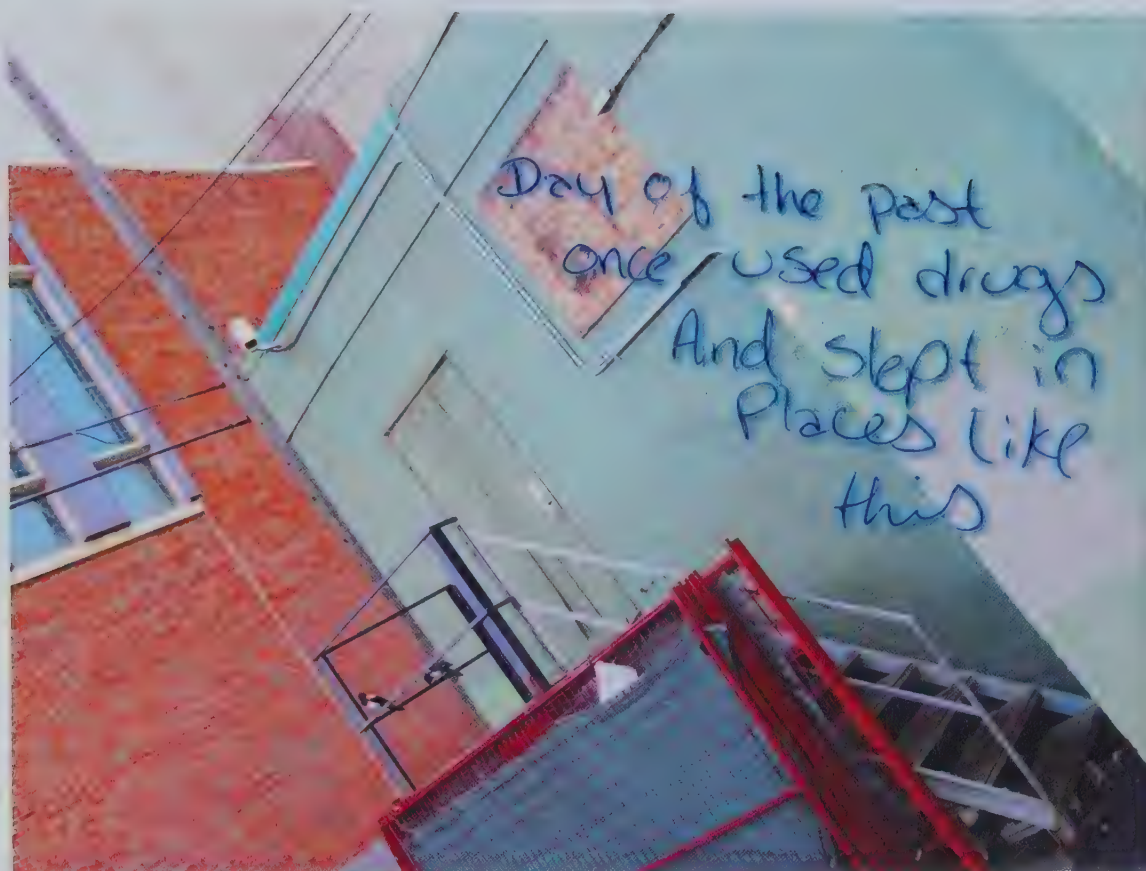
Telling her stories through a documentary

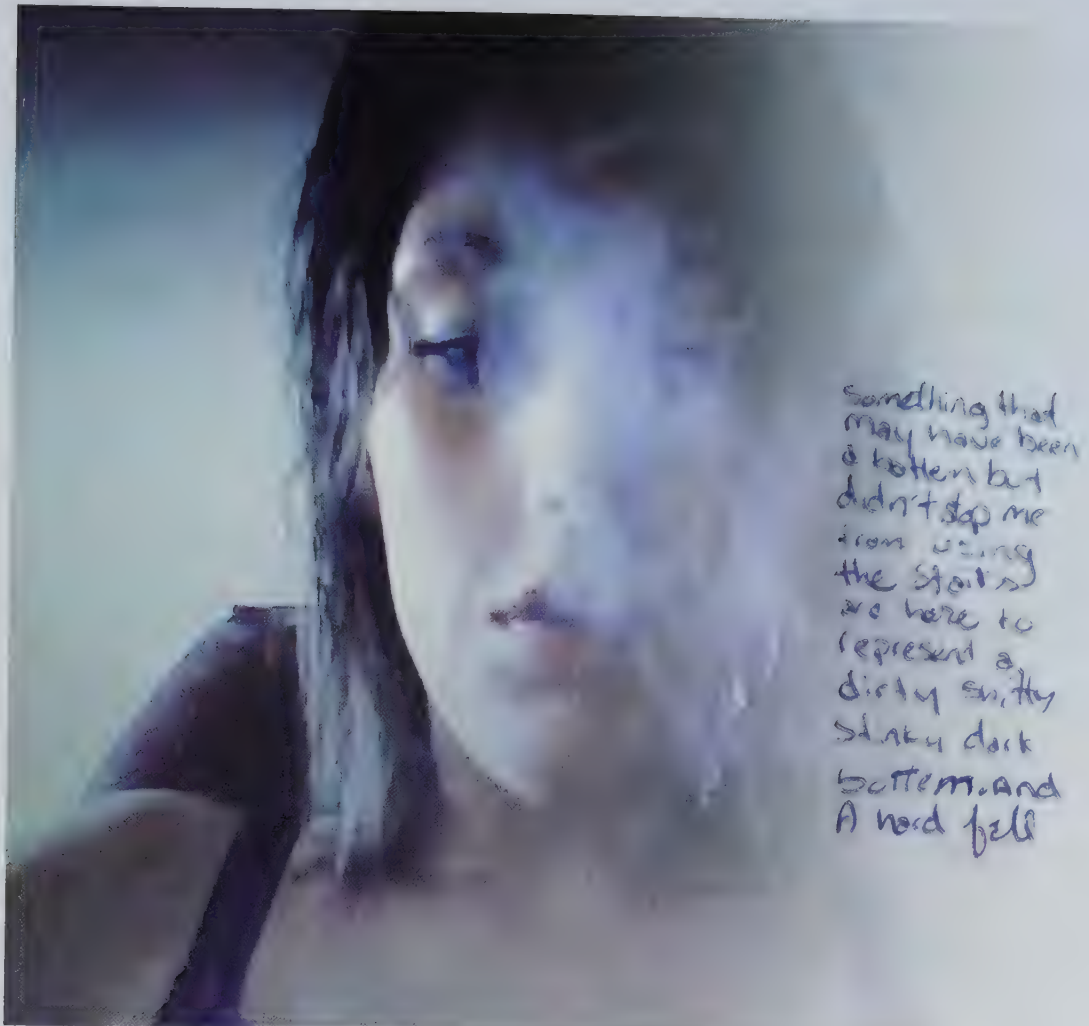
Stephanie is currently working on a documentary of her life to educate others on how to escape addiction and adversity. When I watched her documentary it brought me to tears, not from sorrow, but from sheer awe of witnessing such strength in the human spirit. I look back at the day Stephanie showed me her documentary in one of the small recording studio rooms at CAY. She was so proud of her work and was bubbling over with excitement to show me. This memory will always bring a smile to my face.

While flipping together through Stephanie’s scrapbook, I notice that the first several pages are photographs of places in the city including apartment and commercial buildings, stairwells, a parkade, storefronts, and alleyways. Stephanie explains to me that each of these images represents a time and place in her life from when she was homeless and using drugs. Three of these photographs inscribed with Stephanie’s words are shared in the following pages.

I added one more photograph, one that Stephanie had also included in her scrapbook. As we looked at it, Stephanie told me that she had taken it of herself. In the photograph she is shrouded in smoke. As I gazed at the photograph I wondered if she was alone. I wondered what prompted her to record her activity in a photograph. Why had she wanted to keep such a memory box photo? She had placed it alongside the other photographs and clearly wanted it to be included in the scrapbook. She wanted others to see it.

These photographs are one way that Stephanie is representing her experiences. As I look at the photographs, I am struck by how these are, for the most part, photographs of places, places that evoke strong storied memories for Stephanie. She has chosen to represent her life unfolding in this way. The following images of *places*, and of Stephanie herself, are shown in two sets and over two separate pages as they were in her scrapbook. These sets were placed side by side in Stephanie's scrapbook where there was little room for text and I came to understand that it was important to Stephanie that these images were seen together. The images of *places* such as the parkade and outdoor staircase occurred at a similar time in Stephanie's life. They are symbolic of her journey into drug abuse and homelessness during her early youth. The photo of Stephanie behind the smoky haze of drugs and the stairs going down play off each other and portray images of how Stephanie was, is, and could be in the future.





In looking at these photographs, I wonder if someone passing by this stairway or parkade would realize the significance of these places in Stephanie's life. For Stephanie these places are the places for her unfolding life, markers of moments and relationships and abuse. I wondered who gave Stephanie crystal meth at the age of thirteen. Had they imagined what would happen to her? Was this a dealer or someone she knew and trusted from the streets? Does it matter when the damage was done? Stephanie was first given crystal meth to use on these stairs and this moment in this place sent her life spiralling out of control for years to come. She spoke of how this stark, concrete, brightly lit parkade was the only place where she could sleep and feel safe on a cold winter night. I wonder what made this place such a safe place for her. As I read Stephanie's words "Day of the past once used drugs and slept in places like this", "I no longer choose to live this way", I am struck by the magnitude of the changes in her life, a life that she is willing to share with me.

I recall the first time I looked at the images of Stephanie in smoke and the stairway going down to the pedway and shops. I was struck by the strong sense of metaphor that Stephanie created with these photographs. Her words of "something that may have been a bottom but didn't stop me from using the stairs..." encapsulated her inner strength and will to succeed. These photographs speak to Stephanie's life experiences, her past, and to the future she wishes to seek. Every time I go to park my car in a parkade or see an alley in the downtown, I am reminder of Stephanie, her words, and her story. I am amazed at how the experiences she shared surrounding these places have had such an impact

on me and how I see the world physically and emotionally. I think back to how I have been so influenced by the dominant narratives in child and adolescent mental health and fear that if I had continued on that path I would have missed out on so much learning, understanding, and personal growth. I am not the same person that I was before meeting Stephanie. She taught me to recognize and appreciate the great depth that exists within each of us and to never give up or keep believing in change.

Performing stories through song and rap

Stephanie always grabbed my attention, she was somehow loud in both tone and presence. I always knew when she was in the room or building. She sang if she felt like singing, yelled if she felt like yelling. I always knew when she was happy to see me as she bounded toward me and gave me hugs that made me feel like the most important person in the world. Her energy is contagious and seems to overflow onto those around her. I remember one evening at CAY when the youth were doing an open stage night. I brought my husband along too since he wanted to see where I had been spending so much of my time! Stephanie got up on the stage that night and performed 3 rap songs that she wrote about her life and experiences along the way, including one song using the words to her poem entitled *The fun is over* which she wrote in jail. The reaction from those in the room was so supportive and caring, they cheered, hugged, and brought the room to life. I remember looking over at my husband during one of her songs and he was totally entranced with her words. He later asked me if that was really her life that she was talking about and I told him yes. In a way I was envious of

Stephanie that night, that she could have the guts to get up in front of so many people and bare her soul with such grace and strength. I wish I could summon part of that strength within myself.

The following photograph includes three pieces: Stephanie's poem that she wrote in jail, a sample of her writing from her scrapbook, and a photograph she took of a place she where she had used meth in the past. In reading Stephanie's poem I was inspired to rework her words as a way to show Stephanie the potential I see in her life and the change that she has embraced. This potential is strong and lives on in her words as well as my own. Rather than the fun in Stephanie's life ending, I see the fun just beginning as she has worked hard toward a new start. A few days after I gave Stephanie the modified version of her poem she asked if I would mind if she used it for lyrics in some of her rap songs; I was truly honoured.

The fun is over

Once you join the game
 You're lucky if your life will ever be the same
 Every day is a gamble, life or death
 A sign its coming, you lose your breath
 You will slowly lose your focus
 And your life starts getting hopeless
 Pretty soon you can't trust anyone
 Because you think everyone has a gun
 You'll soon discover and it's not funny
 Everywhere you go you owe money
 You on a flyer you're on ten
 You lost your mind it's gone again
 You live your life chasing that shard
 Your life seems empty you soon fall hard
 Once you're down you fell hard FUCK IT
 You hate your life here glass pipe SUCK IT
 You will hate everything but you love that bat
 You WILL lose your life and the place you once sat
 It's too late you lost your mind
 That beautiful person you once were you cannot find
 Everyone you know could be a cop
 You tweak you geek you cannot stop
 In your mind everything is a set up
 THE FUN IS OVER time to pick myself up
 Uncontrolling the moves I make
 All my friends turned out fake
 I lost everything to this life of drugs
 My looks my mind and family hugs
 One morning I woke up in jail
 No real friends I was denied bail
 I stabbed someone who didn't deserve it
 But I can't remember so now here I sit
 I'm sitting in jail for this serious crime
 I've hit my bottom now I'm doing my time
 I'm wanting to change I found love
 I'm searching my heart I pray to god above
 Soon will be my day I shall discover my fate
 The day my life starts I ~~love~~ out that gate
 WALK

A POEM ABOUT
 MY ADDICTION
 TO CRYSTAL METH.
 I WROTE THIS
 IN JAIL. MY
 FIRST DAYS
 SOBER.

The fun is about to begin

(To Stephanie, from Margot)

Once you join the game
 Your life will never be the same
 Every day is a gift, smile and cherish
 A sign is coming, your fears have vanished
 You slowly gain your focus
 And your love begins to surface
 Pretty soon you learn to trust again
 Because of helping hands you have tackled the pain
 You'll soon discover a life of joy
 Everywhere the pain from your old world has been destroyed
 You follow your path you share your story
 You grew from your mistakes, but it wasn't easy
 Your life has meaning, your life has promise
 You live and learn an inner calmness
 Once you overcame now enjoy your life LIVE IT
 You love your life, the past is gone, FORGIVE IT
 It's never too late you expand your mind
 That beautiful person you are will never be left behind
 In your heart you learn not all is corrupt
 THE FUN IS ABOUT TO BEGIN, so you pick yourself up
 You have been discovering your fate
 The day your life started is when you walked out that gate.

I have grown to adore Stephanie and cherish the relationship that we have shared. She has taught me to believe in myself no matter what happens to me, and that people can overcome terrible odds. In reflecting back on my relationship with Stephanie, I am struck by the fact that she was one of the only youth, not only in this inquiry but during my entire experience at CAY, that never once made me feel self-conscious or out of place. I never felt judged or unaccepted for being *privileged*. Stephanie made me feel important and helpful which was an amazing feeling. We would talk for long periods of time or go for coffee and it was always easy and pleasant. I wonder if the people she meets feel this way. I wonder if she has always been this way. I think back to her stories of living on the streets when she was dealing drugs and stealing from people. How can this be the same person? It makes me realize that experience is forever changing who we are and how we *are* in the world. A world that changes right alongside us as we grow, change and interpret our lives.

I am going to share a letter (which included the re-working of her poem) that I wrote and gave to Stephanie towards the end of our time together. In the letter I include a photograph that I took of a gate. This image is supposed to represent the gate which Stephanie refers to in the last line of her poem, *The fun is over*, written when she was in jail. To me, the gate represents an opening to new worlds, new stories, and new experiences for both Stephanie and myself.

Dear Stephanie,

You have shared so much about your life with me and I can't thank you enough for your honesty and hard work. I truly admire your strength and willingness to help others even though things have never been easy for you. You have a fantastic life ahead of you, so I thought that I would rewrite the poem you wrote in jail entitled "The fun is over". I really have no way to thank you for all that you have helped me with, so I hope this poem can show in some small way how much I believe in you. May all of your dreams come true...

Sincerely,

Margot



Hearing and seeing Stephanie's story

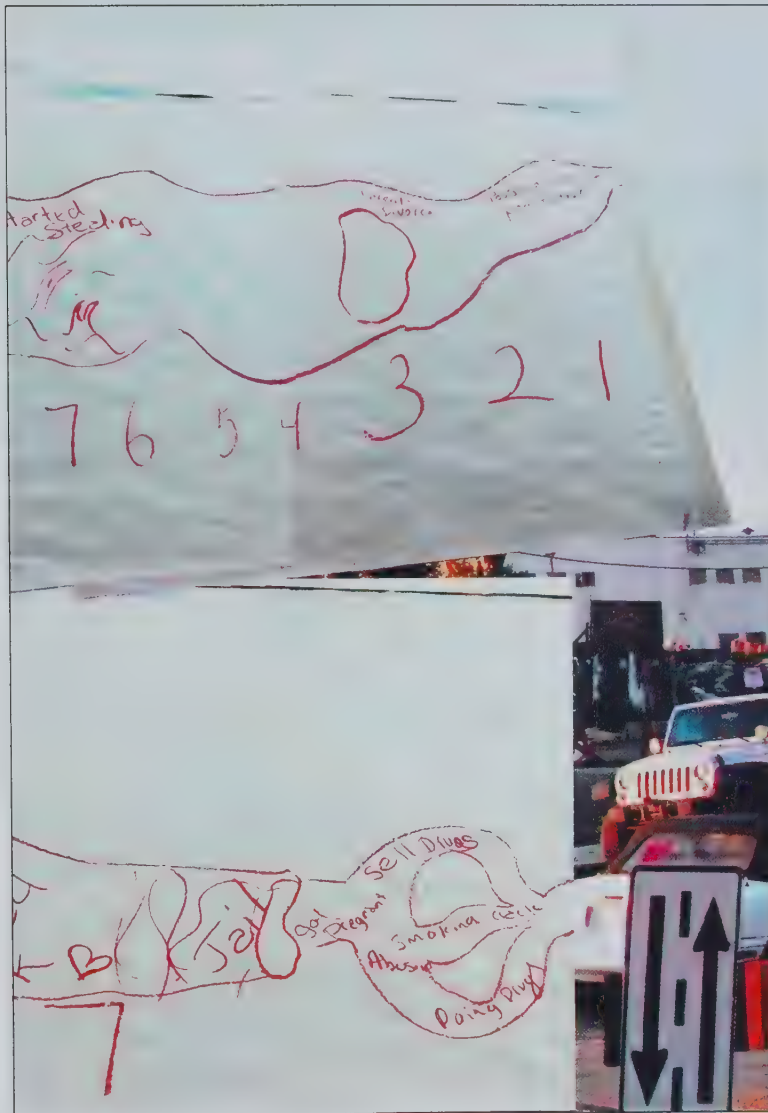
Stephanie and I worked together on two related projects in addition to the scrapbook: a chronological time line of perceived major events in her life, and a river of life. The time line served as the starting point to the river of life which was more complex and drawn on a much larger scale. These experiences or exercises were meant as a means for Stephanie to recall her life; her victories, her stumbles, and her path. I hoped that they were a way to celebrate who she is and to provide a vision for the future.

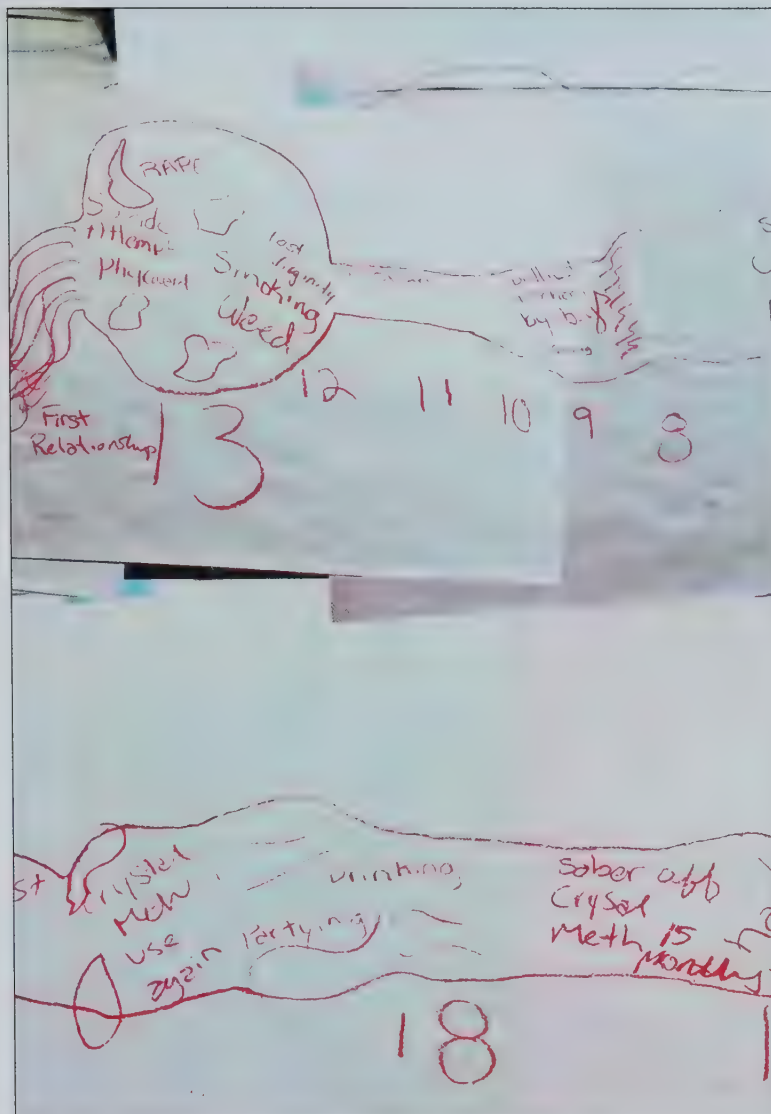
After Stephanie worked on these projects, I took photographs of her work which are shared on the following pages. The coil bound journal was the first step in this process where Stephanie wrote down what she viewed as pivotal and influential moments in her life along with her age at the time of the experience. These life moments were put into a life river she drew on a large roll of paper approximately 20 feet long. Under the river, Stephanie wrote her age when she experienced the events. This river acts as a metaphor to show the flow of her life; transitions, traumas, and events through wide and narrow streams, rough waters and islands of hope or despair. The photographs of both the notebook and life river are shown on separate pages as they were created in sequence. Stephanie's life river spans over 4 pages (due to the large size of the original drawing) in order for the writing to be clear and legible. Stephanie writes about this experience :

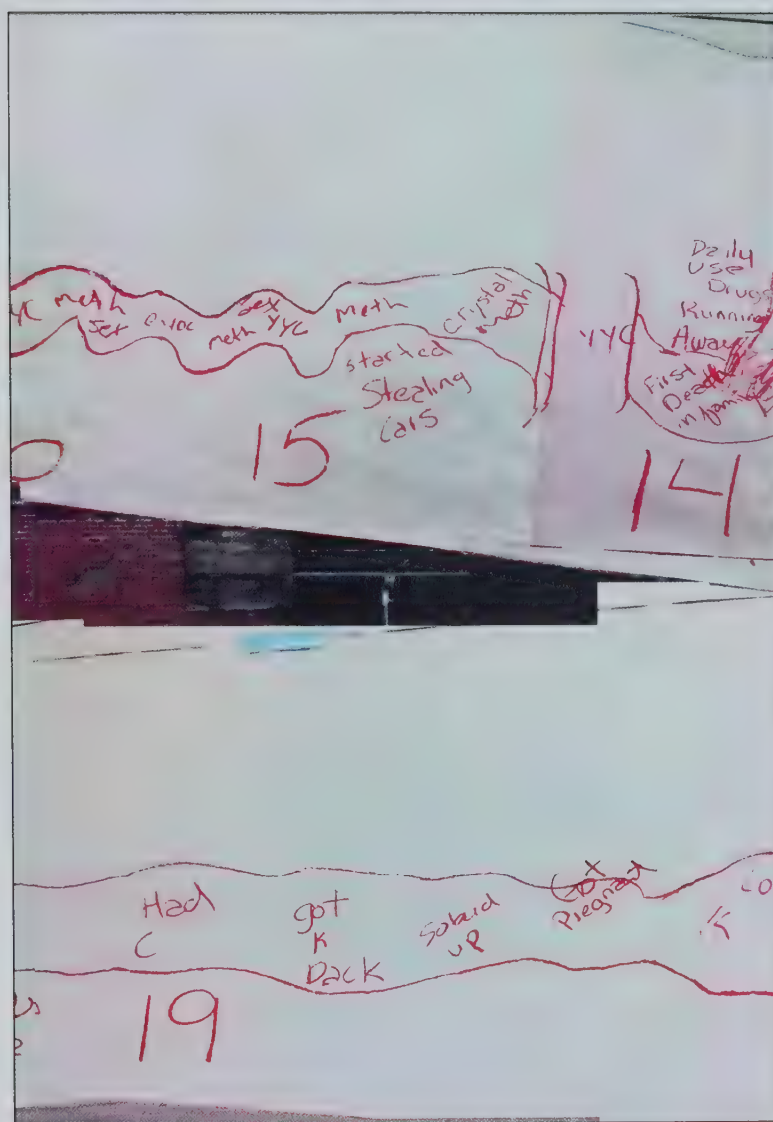
My name is Stephanie and I am 21 years old from Edmonton, Alberta, Canada. I am Metis. I have two beautiful children. I am also a recovering meth addict with mental health issues. I also have been through some trauma and hard

times. Here is part of my story and healing journey. This is a time line of events of my past, some traumatic and life changing. Some of these events lead to alcohol and drug use. Not until recently I have began to heal.

Stephanie's river of life...so far









These photos of the river show the flow of events that have transpired over the course of Stephanie's life. In watching Stephanie recall her life, I began to realize that each of her experiences appeared to flow from one to another and, although on the surface they seemed to stand alone, had a great impact on the river's trajectory. It appeared to me that each of Stephanie's experiences have changed the way her life has unfolded, creating the person that she is today. It was then that I began to wonder how my experiences with Stephanie were shaping my life and creating the person I am becoming. I was instilled with a sense of hope as I realized that change is always possible, if not inevitable.

In Stephanie's words...

Stephanie and I spend many hours talking and sharing our stories during the nine or so months we came to know each other. Her words and stories play over in my mind and I am reminded of all that she has lived through and experienced in her 21 years. As Stephanie and I wove our way through her scrapbook and river of life, certain memories, experiences, or images came to the forefront of discussions. The following piece includes some of these discussions with Stephanie's own words (shown in italics) as well as my reactions and thoughts in response to her stories.

My parents divorced when I was three. I kinda heard rumours growing up but it's kinda just like, something happened when I was in treatment a couple months ago. When I was having a visit with my kids, my dad showed up and after my daughter told the foster mom some stuff about my dad. Really kind of disturbing things. She had a night terror that night after she seen him and they're

doing an investigation (Children's Services). And then in the investigation I found out that there was an investigation when I was a kid and he's not even allowed to be around kids that are under 12 years old, and I never knew that. And my grandparents told me that my dad used to burn the bottoms of my feet on the stove when I was crying. My mom told me a story that...I didn't even hear this from her. I heard it from the police investigation that Children's Services is doing. That my mom used to own a Day Home, but she told me she was babysitting this boy, and I don't know what my mom was doing at the time, but my dad sexually assaulted the little baby while she was supposed to be babysitting. And it was really disturbing when she told me.

I have to admit that it was also really disturbing when Stephanie told me about this. I envisioned a little girl with big blue eyes suffering and it made me ill to imagine it. I saw her father as the enemy, destroying lives one at a time through abuse and fear. How could this be? Could this horror not have been prevented? I, too, wondered about her father's life stories.

Stephanie shared that her memories of her childhood are few but those she does have are wrought with painful or empty emotions. I learned that by age 10 she was caring for her younger siblings while her mom was at work, 3 years later she was living on the streets. I am reminded of my daughter who is 10 years old and cannot comprehend that she would ever be on the streets in a few years. Stephanie was a child and deserved to live her childhood. Instead she was forced into responsibility and roles that she was too young to take.

Stephanie recalls never having any extra-curricular activities such as dance or soccer (which she longed for) and hopes her own children will have these experiences. She confided in me that hearing stories of her own physical abuse and potential sexual abuse as a toddler at the hands of her father was horrifying. I wondered if the trauma of her early life and the emotional pain that it caused led to the at risk behaviours that she began to engage in at a very young age; behaviours that she has only recently begun to shift. After learning about Stephanie's childhood, I began to wonder about her experiences with depression, anxiety, trauma, substance use, and poor self-esteem. Perhaps, she was forced to grow up before her time and lacked the nurturing or support from a reliable caregiver? This instability and uncertainty appeared to have taken an emotional toll on Stephanie which was difficult, but not impossible, to heal. There is a part of me that thinks "why should she even have had to heal? She should never have undergone these experiences in the first place! This unnecessary pain and suffering in children and youth needs to stop". In the following piece, Stephanie shared with me some of her experiences with mental health and mental health services:

I was at the (inner city hospital) when I was a kid for attempting suicide. Right before I attempted suicide I was raped when I was thirteen and I really wasn't getting the right help at all. I was living with my mom and it happened in my mom's building. I just couldn't be there anymore so they moved me to my Aunties, or my mom's friends and then they took me camping for a month. I came back and nothing changed. I went to the psych ward and they tried to get me into

a centre for sexual assault but there was a long waitlist and they couldn't get me to see anybody. It was stupid.

I went to school when I was in the young offenders program and a little bit after and I was in grade eight when I was 13 and I finished, but then grade nine I don't know what the hell happened. I completed grade 10 but then that's it.

*When I started using drugs they would put me in a secure facility but I never stayed. I would manipulate the psychologist and say I don't have problems, I ran away from every group home I was ever in. They tried to put a one on one worker on me and I'd just ditch 'em anyways. They even put me in secure in Red Deer and I was in Vancouver and I've made my way back. I've never stayed. I was just like, I didn't really care you know. **I had nothing to lose at that time.***

Stephanie's last words in this conversation repeat in my mind...

I had nothing to lose at the time.

How can such a young girl feel so desperate and alone that she didn't care how her behaviour would effect her life? It is tragic. As I envision a younger Stephanie, living on the streets feeling angry and hurt, I also see health and social services systems that have failed a youth within the community. A youth that deserved to be given the same chance as any other to be happy, healthy, and have a place to call home.

In the following piece, Stephanie shares with me a part of her story about her children and their father; another one of the ebbs and flows that have occurred in her life river.

I was seventeen when I had my first baby and nineteen when I had my second. They are both in foster care right now. I was in a relationship with my child's Dad and he would binge drink and I was stuck at home with the kids for four days while he was on a binge and I couldn't leave. When he got back I was like "I'm going for coffee and I'll be back in 20 minutes. I need a fucking break." He's like well I don't see why you can't just fucking stay here and have coffee and then we got into this big scrap and broke our TV and smashed furniture in front of the kids.

So this shit happens and he goes to jail because he admitted to being high. It was a violation 'cause he's a prolific offender. I called the police and I took my kids out of the place and put them in Jennifer's car and then I went in and fought him. He went to jail and my kids got taken away and then I lost my place and then like everything just went down the hole. There was nothing I could do. I lost everything in two weeks.

I lost everything. I had nothing, like when they got apprehended, the social worker told me that they were going for a PGO (Permanent Guardianship Order) and you're not even gonna get your kids back so don't even bother. Like that's the exact words he told me. I lost everything and I started using again.

What did I have to live for?

Again, I hear similar words from Stephanie as those she used when sharing experiences of her childhood and adolescent year. "What did I have to live for". Desperation, loneliness, and pain emanate from Stephanie's past

experiences. Her world seemed to tumble down upon her on many occasions yet she managed to continue to compose her life.

In the following, Stephanie shares her experiences of life on the street and drug use. I see her words are harsh and raw which exemplify her life during this time:

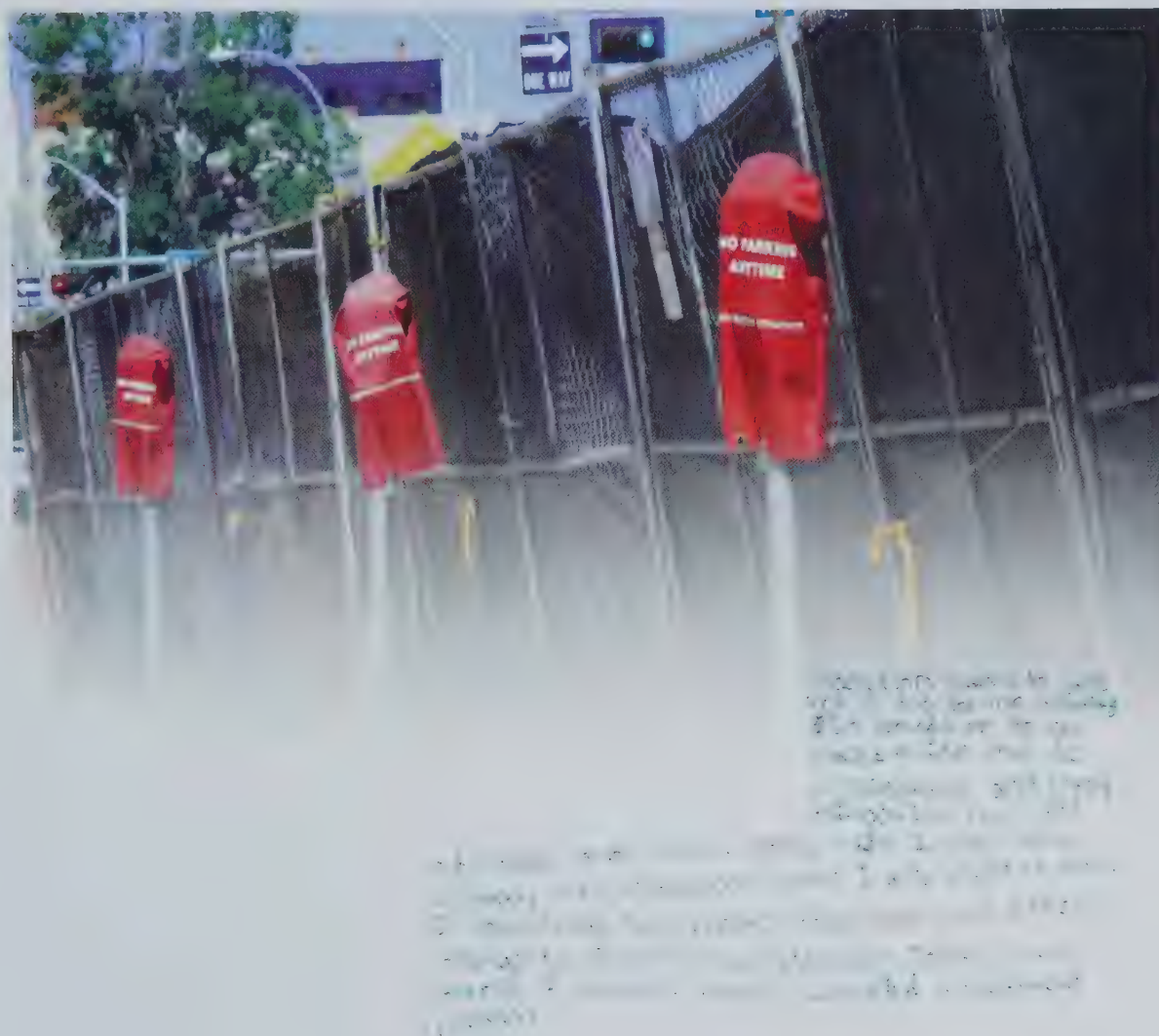
I was using alcohol like a lot more than I normally would and using crystal meth all night and then I was in an abusive relationship with this guy that I was with. I was out making money for myself all night selling drugs. I seen him and I know he was going to rob me, like for everything that I had worked for so I went downstairs at the co-op and gave one of the workers my bag and like \$140 and then I went outside and he robbed me. He took my phone and this \$20 that somebody had owed me. Knowing that he was going to rob me and then he actually did kind of just really fucked with me. I was extremely paranoid and delusional. I called a friend and I was like get the fuck down here right now. I'm like freaking out and she came and met up with me and I was trying to leave but I couldn't because he was standing outside guarding the door with a pit bull and this chick, and I thought he was trying to get this chick after me. So I ended up going out there and it was a big crowd of like 30 people and I stabbed this girl he was with and I slashed somebody else. I remember doing it but I don't remember why I did it. I was scared for my life. I had bought the knife the night before; I always had weapons on me because I was paranoid because I sold drugs. It was for protection 'cause I'm a pretty girl selling drugs. I went to jail for three and a half months, I'm still looking at two and a half years, then they got me out to go to

treatment. So I went to treatment, I was supposed to only do 42 days but I decided to stay the extra 90 days which is like the best choice I ever made. You know what though? Before this happened I was here (CAY) trying for 5 days to get into detox and go to treatment. I was totally asking for help.

Stephanie's situation where she describes herself as "*totally asking or help*", demonstrates the lack of vital services for youth who present as at risk, as she was seeking help but none was available at that time. What if she had given up after 4 days and started using again? The window of opportunity to help Stephanie would have closed due to lack of available resources. It makes me wonder how many times in the past Stephanie may have been looking for help and there was nothing available for her. Perhaps many of her challenges with substance use, mental health, and homelessness could have been avoided if she had received appropriate care and support at an earlier age. At this point I am taken back to experiences that I have had working as a nurse in the area of child and youth mental health. There have been many times where I wished that I could find a place for a child to go or a resource that would help a parent keep their family safe and intact. Mental health is drastically underfunded and these resources are few and far between.

The following photograph was taken by Stephanie in the inner city near CAY. I see the *no parking anytime* signs on the meters as a representation of Stephanie no longer using drugs or being driven by her addiction. Her image intertwined with her words of being "8 months sober having completed a treatment program" portray Stephanie's ability to see past her behaviours and

actions such as *hurting people and stealing cars to support her addiction*. These behaviours are forced out, they are no longer allowed to park along this street; they are no longer allowed in Stephanie's life.



Stephanie often told me that our conversations and work with the camera gave her a purpose and a place to share her feelings. She felt that this was a safe way to express herself, and gave us a chance to come to know and trust one another. Stephanie has found ways to compose her life in a world that could have destroyed her physically and emotionally. A world that is foreign and frightening

to me, coming from a life of privilege. I think of the struggles that she has faced yet she has found her way, and now chooses to help other youth in need.

Stephanie is an artist, musician, and writer who continually gives back to others in her community through mentorship, advocacy and education. Until this day, Stephanie continues to provide help and support to other youth who find themselves living in at risk situations. I conclude Stephanie's story with her following words of inspiration...

We as humans are all equal, we all deserve life. Everybody dies but not everyone lives. I will continue to share my story wherever and whenever possible to help and support others.

EMILY



This playful photograph was taken by Emily, an eleven year old girl of aboriginal heritage³ who I met at CAY in the winter of 2012. I came to see this photograph when Emily came to CAY a few days after we went on a long adventurous walk in the river valley where this was taken. Emily and I downloaded the photographs from her digital camera and enjoyed looking at the images together. I recall how we reminisced about the fun day we shared together. Connecting with Emily through the photographs, and by doing things together, helped build our relationship. This photograph was one of my favourites.

³ “Aboriginal peoples of Canada are defined in the *Constitution Act, 1982*, Section 35(2) as including Indian, Inuit, and Metis peoples of Canada”. (Statistics Canada, 2013).

Throughout Emily's narrative account I share journal entries that I made periodically over the course of my time with Emily. I usually wrote these when I was at home during a quiet time when I could reflect on my experiences of the day. Writing these journal entries gave me a place to *put* my thoughts, frustrations, and also special moments; a place to de-brief when no one else was around and I just needed to get things off my chest. As well, I have included several photographs of Emily taken while we were playing in the river valley.

Dear Journal,

I went to the CAY today and was hanging out with a bunch of the girls who are in the camera club. One of the youth workers introduced me today to this eleven year old girl named Emily who I have seen often at CAY. I was really surprised to learn her age, I figured her more for around fourteen or fifteen especially since she shows up by herself or with her sister who is also quite young. All of the girls are of aboriginal heritage and I feel intimidated because I feel like such a minority because I am not native. Almost like a beacon of "otherness" at CAY. It seems that all of the other workers here are Métis or have more knowledge about Aboriginal and Metis cultures than I do. I feel naïve and kind of useless because I am not sure if I have anything to offer these kids. Being here at CAY makes me question all that I have learned and known throughout my life. I am uncomfortable in my knowing or lack there of. How am I going to manage being here? Will I ever feel accepted or that I fit in some way? Will I discover new things about myself that I don't like? That last thought scares me...

Dear Journal,

I met Emily's mom and little brother today. Her mom is around my age and has children ranging from 20 years old to 14 months. I was able to relate to her about parenting and how challenging it is to take care of children. She agreed to let Emily participate in this research study and signed all of the consent forms. I can't help think that she has lived such a different life than I have. I wonder what she thinks of this stranger asking to talk and work with her daughter. I don't want to step on her toes either as I don't know how I would feel about someone talking with my daughter about her life and personal stuff.



Emily at play, Summer 2012.

I learned through speaking with Emily that she lives with her mom, toddler aged brother, and thirteen year old sister. She has two teenage brothers that live in foster care who she told me she rarely sees, as well as one other sister age nineteen. Emily was open to sharing about her family and did so freely. She seemed to enjoy telling me about her mom and her siblings, as well as the relationships that existed between each of them. At times, hearing her stories, I felt overwhelmed by how many siblings, aunts, uncles, and cousins she described. It was hard to keep track of each one's comings and goings and her family members as well as their boyfriends and girlfriends she discussed.

As Emily and I began to know each other through our time together at CAY, I learned that Emily's mother has used alcohol and drugs in the past, which has resulted in Emily and her siblings being removed from her home by Children's Services. I wonder how these times affected the family, both then and now. What was this like for Emily's mom? For Emily? I wonder how they both reacted to the apprehension. I realise as Emily tells me these difficult stories that I have little knowledge and experience from which to understand. I wonder how as a family they made sense of these experiences or moved forward from these experiences? I recall early on in coming to know Emily, that I met with Emily in her family's subsidised town home in the inner city. We were standing around in the kitchen, Emily, her mom, and I, with her toddler brother playing around. Emily's mother shared, at that time, how she has struggled with substance use issues but is currently clean and sober. I remember thinking how freely she spoke of this, especially in front of Emily. I wondered why she didn't mind her children

hearing about her issues. I don't think I could have been that open in front of my daughter. Emily's mom shared with me that every day she struggles but she does this because she wants the best for her kids and to keep her family together.

While we were talking, I discovered that Emily's mom and I were the same age; same age, but it seemed to me, we were worlds apart. She lives with three of her six children in a subsidized rental and I, with two children, in a house my husband and I own. I have travelled throughout the world and have completed a university degree. Emily's mom shared she didn't finish high school and has struggled to pay her bills through low paying jobs and welfare payments. I can see how a life of privilege and security has benefited me in so many ways whereas she has had to fight every step of the way to make ends meet and to care for herself and her family. I wonder how Emily's mom thinks and talks about our differences. Does she see them in the same way I do? Despite our differences, I can empathise with Emily's mom as I too want what is best for my children and realize that parenthood can raise many challenges emotionally and financially. I remember feeling thankful for the support systems in my life such as my husband, family, and friends that have helped me along. I think back to my experience in the hospital when I had my son, and realize that Emily's mom could once upon a time have been those girls in the beds near mine. As I looked backwards, I wondered: How did she make it through the delivery, hospital stay, and early years with her children? How does she cope now as a single mother with little income and minimal support? How does she envision her and her children's future? I remember at the time how unsettling it was for me to even ask questions, I was

nervous – would I ask the wrong questions? Were there questions I should not ask? Questions that made visible the hardships Emily’s mom lived? It is now that I wish I had been brave enough to ask her these questions. It is strange for me to think about this as bravery as I recall how quickly I had left the four bed hospital ward for a private room. It is hard to talk about this, and I wonder if my meeting with Emily’s mom was somehow meant to be. Meeting Emily’s mom allowed me to see a part of the world in which Emily lives and breathes. It allowed me to see the world she brought with her as we met and talked about her life.

Dear Journal,

Emily and I are starting to get to know each other after spending some days chatting at CAY. We went to an informal Japanese restaurant today and had lunch. She said that she had been here once before and thought it was great. I felt kind of guilty as I take my daughter there for a quick lunch from school when I have time. To me it is like fast food.

Emily was happy to share pieces of her life with me such as when she was taken away from her mom at age nine and how she had lived in three foster homes and two group homes. She said this matter of factly, like it didn’t bother her at all. In fact, Emily shared that it was often fun to be there as she got to meet new friends. She continued, “My first group home was an Indian group home so I think it was every Wednesday or every Monday they have this little Indian game and this counsellor lady used to come over and we used to hold the rock and we had to talk and then after we all had to pray. In my second group home I had an

Indian counsellor there and she was taking me to some Indian dances to teach me how to dance. But one day I sprained my leg and I just had to watch them". As I heard her stories of Indian group homes, I wondered is that what Emily is supposed to do because she is aboriginal? Are these the expectations? Why should she be forced to act like an Indian, whatever that means? I suppose this may be our society's way of trying to compensate for the losses forced upon aboriginal people in Canada over the generations. Will a nice Indian group home suffice and fill the space of being taken from family and familiar surroundings? I wonder what Emily's cultural and social stories are in the context of her family; how did Emily's mom express who she was as an Aboriginal person.

Dear Journal,

Emily turned twelve this weekend. Her mom threw a party for her at their place. I mentioned to her that I'd get a piñata for her next birthday as she said she's never had one. I recall the fun my kids have had on their birthdays smashing piñatas and scrambling for candy when it breaks. I wanted Emily to have the opportunity to experience that fun too. I hope that I don't forget when the time comes. I don't like to make empty promises. I couldn't really get the gist of who was there and what went on but she seemed to have fun. I sometimes have a hard time following Emily when she talks about her family but I think that I have it sort of straight now. She has one older sister who is nineteen and not allowed to live with them because, as Emily put it, "My Mom doesn't like her

'cause when I was little she used to hit me and Kate (other sister now 13 years old)". I was pretty surprised by this and encouraged her to say more. "Yeah, and one day she slapped me. I was coming in her room to get something I had forgot and I was trying to come in to get it. I think it was Kate's hair clip or can or hairspray. And then she pushed me in the hallway and against the closet door and then my rib broke". "My mom doesn't trust her around Devon (14 month old brother) 'cause she almost hit him one day".

Emily also has two brothers in their teens that both live in foster care or a group home. I can't remember which. She spends the most time with her sister Kate who is one year older than her as well as her little brother Devon. There also seems to be a cousin in his teens who lives with them. I am pretty sure it is the brother of another girl who hangs out at CAY who is Emily's first cousin. Emily's mom and the other girl's mom are sisters; the aunt has AIDS from what I hear.



As Emily's stories of her childhood, told of plotlines of moving around to group homes or foster homes, being hit frequently by her eldest sister, and the absence of her father, began to unfold I learned that throughout her short life she has continually been exposed to instability and violence in her home and community. As I wondered what this means in her life, I also noticed that Emily doesn't use these exact words, but shared stories of unknowing due to this

instability and violence through simple descriptions of the situations in which she found herself; unknowing where she will live, whom she will live with, if she will continue in school, if she will ever see her family again, if she will be safe.

Despite having lived this life of uncertainty, Emily remains in school and is opposed to the use of alcohol and drugs. During our conversations Emily has shared outright that she doesn't want to end up like her sister and hates the way her sister acts when she's drunk or high. I wonder how she came to this decision without being swayed by others? How could Emily resist using substances? I was curious, as I had a sense in working with other youth, that the peer pressure was significant. I remember feeling proud, and somewhat in awe, of Emily when she shared her desire to stay away from drugs and alcohol. How does she have so much insight at her young age to see how her life could possibly turn out if she uses?

I recall one winter afternoon picking Emily up from her new junior high school where she had started grade seven. She texted me the instructions of where to go and where to park so that she could hop into my car when school was done. I remember asking if I should come in and was told "no". In looking back, I think of myself in junior high school and I would not have wanted some adult to walk into school to pick me up. Perhaps, she also felt uncomfortable explaining who I was to her peers. When Emily got into my car I began asking her how her day went and what the kids were like at her new school. Emily shared that the kids in her grade mostly smoke cigarettes but the grade nines use CCs (apparently a slang term for cough and cold medicine) to get high. This is not exactly the

response that I was expecting! Perhaps something like “oh, they’re nice” or “I met a new friend” or even “I felt out of place being new” but certainly not a rundown of the substances the kids were using. In looking back at Emily’s reply, I wonder what peers she was drawn to. Who would have shared this information? Are these the kids that she saw herself fitting in with? If she had met other kids that day would she have had a different experience and perhaps a different view on school and activities for kids her age? It too made me realize how different my own schooling experiences had been and how I laid my own story on top of hers.

Dear Journal,

I’m done. Spent the day with Emily and her sister Kate. Kate is just out of the Young Offenders Centre (Kate is only thirteen). She stole a car with some friends and was drinking. Mom wants me to take her to youth addictions services [facility’s name] and get her into treatment using PChad (Protection of Children using Drugs Act) or detox. We all went for lunch and then to the youth detox facility so that Kate could have her intake assessment. As it turns out Kate is not able to go to detox as she has been clean for a week. Never mind that the reason she is clean was due to her being in jail! Does nobody else the irony of this? What is going on with the services and programs for young people? The best services that can be offered to her are through [facility’s name] in their addiction youth day program that runs from 0845-1600 every weekdays. In all reality there is no way in hell that this will work for this kid. How will she get there from her home every day? She is not used to such structured programming and has trouble

attending school, how can she focus on this day in and day out? This is a good program but certainly not for a kid in Kate's demographic and life circumstances. I could feel my disappointment knowing that, in some ways, Kate was set up for failure. There was nothing else to offer.

As we were at the assessment, I kept looking at Emily and wondering what she was thinking. Why did it seem that she was so unaffected by what we were doing? I mean, this was a big deal. We were seeking treatment for substance use for her teenage sister, not shopping for a new dress or something. Maybe she just didn't comprehend what was going on or didn't see the big deal. When I tried to talk to her about these things, she didn't seem to want to engage. Perhaps she thought I may not understand.

I recall weeks passing after I wrote this journal entry but my frustration during those weeks did not wane. I wondered again about Emily and also her mom. What is the experience of mothers when their children are admitted or seek substance use treatment? How does this shape Emily's mom's identity as a mother?

Dear Journal,

I need a break from writing. I'm feeling over whelmed by all of the shit I'm seeing.

In looking back now at this journal entry, I am struck by the stark difference between how I was feeling that day and the lovely memories I have of

when the next photograph of Emily was taken. How can these feelings exist within the same person in such a short amount of time? How can Emily exist in such diverse worlds? One world of poverty, violence, and struggle versus one of childhood fun and adventure.



This was a great summer day full of giggles and fun. A far away place from how I was feeling when I wrote these journal entries. I like to remember Emily as she is in this image; young, care free, and innocent.

As I came to know Emily, I began to recognize her struggles with reading and writing. If we were out to get a bite to eat, she would always ask me to read

her the menu or tell her what the choices were. If a text came in on her phone that was of any length, she would ask me to read it out to her and then spell words for her when she was responding. She never seemed embarrassed or apprehensive to ask for the help and I was happy to oblige. I remember one day asking her about what she likes to read and if she can read chapter books. Her voice in response very quiet and it was the first time I saw her visibly upset as she stated, "I can't read chapter books". I wonder what it is like for Emily to be illiterate? How does she make sense of her life? What is school like for her? Do others know about her literacy level? Does she have help in and out of school? I wonder if her lack of literacy is because she has moved around from schools and foster homes in her past? How has Emily been moved forward through the school system into grade seven when she has the literacy level of a child much younger? I began to question how this "passing her through" grades has impacted her.

Dear Journal,

I know that I haven't written for a bit but I seemed to have not wanted to. I think I just didn't feel like reflecting on the horrible things that I keep seeing and hearing. It is getting to me a little and I just need some time to process.

The other day I was at CAY and met up with a bunch of the girls as well as two of the workers to discuss a project for international children's day in November. We wanted the girls to create artwork pieces that show who they are, where they have been, and where they see themselves in the future. It will be a type of gala show event in the evening at the new site. It is so hard to get the

youth to commit, show up and keep on track. It's like when they show up we have to pounce on them and get them to do stuff there and then. They said that they want to do this but now the commitment and energy just isn't there. I think that I am just feeling frustrated right now. Also, Emily and her family seem to have gotten scabies from her cousin who had been staying with them and I admit I was grossed out for which I feel guilty. Me and the STI (sexually transmitted infection) nurse from [inner city health centre] rounded up some nix cream for the family and I put it in their mailbox. I felt this might help.

I remember driving home that day, pulling into my neighbourhood and it was like a magical light was shining on everything. It looked so clean, shiny and pleasant everywhere. I pulled into my garage and when I stepped out into the backyard I realized how lovely everything in my world was. It was like being on a different planet than where I had been in the inner city.

When I got into my house I stripped off my clothes (for fear of the scabies) and had a long, cleansing shower. This was Friday just before the long weekend and I haven't wanted to go back since. It is now Thursday and I have a meeting set up with another youth this afternoon so it is time to face my demons. Time to leave my little island of privilege that I have been born into and face the world. I wonder how I have come to understand the world as either privilege or no privilege. Is it not more complex? More interwoven? Telling my story of privilege is not always easy, as it leaves out the harder pieces in my life. I so wonder still about Emily's mom and where she draws her strength from. I have formed a trusting relationship with Emily and the other youth and can't back out

on them now. If I did, I would be like so many others who have crept in and out of their lives; youth workers, social workers, foster parents, group home workers and on goes the list. I feel such a need for them to trust me and rely on me for keeping my word. These relationships are so complex and complicated to navigate due to the youths' ages and stages of their lives. They are still so young, trying to establish themselves as individuals and find a place in this world. I entered into these relationships as a researcher, with a limited amount of time to spend with them and was honest about that fact. Emily kept phoning yesterday and the day before to talk and to ask me to take her and her sister out for dinner at a fancy restaurant. She is quite forward. I also learned that Kate had been in jail for something or other and got bailed out, but is now back in jail for something else. Jail, two times in two days, and only 13 years old. I am unable to imagine what that means. Emily gets bored when she has no one to hang out with so I'm guessing that's why she keeps calling. I will meet up with her on Friday to work on her lifeline/life river with photos. Emily has had many difficult experiences but has not had educative experiences in literacy, at least in reading and writing. I hope that she is able to improve her literacy skills. It would be so difficult for her to grow up being not able to read. Who will help her to learn to read? Are schools and teachers able to be there for Emily? What about Emily? How does she see her future?

I look now at the following photograph of Emily with her smile, playfulness, and youthfulness evident. I think how she has not learned literacy skills. I think of other youth who may have found themselves in similar situations

being moved from grade to grade without reaching educative goals in curriculum. As I write these words, I am taken back to a conversation I had with another youth at CAY. She was a beautiful girl of fourteen or fifteen who described for me her experiences the first few months of grade ten at a high school which draws from some fairly affluent areas in the city. She shared how she didn't fit in and just couldn't seem to learn like the other kids or figure out how to do assigned homework. I discussed this situation with the social worker at CAY who asked me how I expected her to do better when she had never succeeded in school thus far, and had no support or guidance at home. This hit me like a brick. Here was this young girl of aboriginal heritage from the inner city who had been moved through in school without meeting the expectations of each grade. I see her as being failed by the educational system who was supposed to teach her.

I think of Emily, and hope that she can learn literacy skills. I hope she does not have to experience what this other girl went through.



I am surprised by my sense of Emily's innocence. It is as if I expect her to be hard and tough like her neighbourhood in the inner city or some of her family members who are street smart, but she is her own person, a young girl on her own path. Emily and I came to know each other over the course of eight months after first meeting at CAY where we talked, went for coffee or snacks, and took many photographs. She had no problem asking me to take her places like the mall or a restaurant, or to do things with her like go to a movie. I often received phone calls from Emily asking for me to pick her up at school, to go for slushies, or to take her for fast food. Emily shared her experiences without hesitation. However, in speaking to Emily she did not show an emotional connection to the stories she was sharing. The only time she showed any type of emotional response was when I asked her about her ability to read. She avoided eye contact

and spoke very quietly. Emily shared what she saw, like the time we were eating lunch and she talked about her 12 year old cousin getting out of drug treatment and her friends she met at her last group home. Emily talked about this with ease as though she was sharing the plot of a movie she had seen or her trip to the mall with a friend. It surprises me that she could seem so innocent when she shared how her cousin was in drug treatment, when she told of her experiences in foster care or group homes, or shared how her sister was violent towards her. I wonder often how Emily told her life stories. I think of Emily, her large brown eyes and round young face looking at me while she shared experiences that I believe she should have had; experiences of drugs, abuse, violence, and inner-city street life.

Unpacking the lives of my daughter and Emily

The biggest impact upon me of meeting Emily was her closeness in age to my daughter. I was consumed with this every time I saw her. I wrote the following poem in the middle of the night.

My Daughter

My daughter is only one year younger than you.

You were only eleven when I met you.

My daughter is blonde with blue eyes

She is seen as white.

You have brown hair and brown eyes

You are seen as native.

My daughter lives in a safe neighbourhood

She doesn't worry about walking home from school alone.

You live in the inner city

and feel that this is not a safe neighbourhood

You don't like walking home alone.

My daughter loves to read chapter books like the Hunger Games and Divergence

You say that you can't read chapter books.

My daughter does gymnastics four times a week and plays basketball

She goes swimming at a club every weekend.

You have no extracurricular activities

You hang out at CAY after school and smoke cigarettes with your friends.

My daughter has lived in the same house all of her life with her Dad and me

You have been taken away from your Mom when you were nine years old

You have lived with strangers in group homes and foster homes.

My daughter takes for granted that we go to restaurants for dinner.

You cherished the times we went out to eat

You said that the bathroom was fancy and said the shrimp was yummy.

My daughter plays with iPod touch and has sleepovers with friends

She plays with her brother at recess.

You help your mom clean up your home

You go with your sister to detox and visit your cousin in treatment

My daughter reads stories with her Dad every night before bed.

Your Dad isn't around at all.

You say that he is dying because he drinks too much

*You say that you don't care because he never took care of you and he tried to kill
you when you were a baby.*

*My daughter has a family that tries their best to take care of her
You also have a family who does their best to love you and help you grow.*

My daughter is growing up at her own pace.

You are growing up too fast.

In looking back now at this poem, I am struck by how I divided the two girls into two separate categories. There was no continuum, only dichotomies. I was clear upon their differences, but made no mention of how they or their experiences were similar. There they were, two girls of 10 and 11 years of age trying to find their ways in the world. I tried to picture my daughter interacting with Emily and her friends, or think of how my daughter would feel about sharing her life stories with a stranger like myself. My daughter and Emily live in two different worlds in Lugones's (1987) sense despite living in the same city. I wanted to be able to show this difference as best I could without judgment (even though this may be impossible). In looking at this poem, I see now that my daughter comes from a place of privilege just as I have. Emily and her family face certain struggles primarily because they are of aboriginal heritage and have not been afforded societal privilege. It is a thought that makes my stomach turn and embarrasses me. This embarrassment motivates me and I no longer want to sit in silence and watch these inequities continue. I want to be part of the change in our society, and, recognizing where I come from, is the start of this journey.

It was impossible for me to not think of my daughter when I met Emily. I was impossible for me not to compare their lives. My daughter is undeniably seen as *white* in her looks despite being Jewish, and has experienced her life with those features in an upper middle class neighbourhood with her father and myself. She has often described how she and her friend talk about their problems such as a broken ipod or being grounded as “first world problems”, referring to the developed world in which she lives. I don’t know if I should be embarrassed at this statement or pleased that she realizes there are bigger issues that people face in the world. I think back to one day when I picked up my daughter from gymnastics and she told me about how, on snack break, all the girls were discussing who had the most stuff. She proceeded to tell me how that they all listed out who had ipods, laptops, cell phone, Nintendo DS games and so on, in order to see who had the most. I remember getting really upset and telling her that she and her friends should be grateful for their *stuff*, not bragging or competing against each other and that it made them sound like spoiled brats. I think my daughter got the point because that was the last time I ever heard that kind of talk. In looking back at this experience, I don’t think that these girls actually meant to be sounding spoiled. They were privileged and this was their world. Will they understand this fact in the future? Will they understand this when they become adults? Emily’s experiences are also complex and have been shadowed by uncertainty and change because of group home and foster care placements. She has felt fear in her neighbourhood and within her home yet has grown into an appreciative and kind young girl. *Emily phoned me early in the*

afternoon and wanted to meet up today. I told her that I would meet her at CAY, then she asked for a ride. It was such a beautiful afternoon and she only lives a 5 minute walk from CAY. I could not understand why she wanted me to drive her there. "Why can't you walk there, doesn't your mom let you?" I asked. She responded by telling me "I don't' like to walk around here by myself, I get freaked out by some of the people" (Personal reflections, 2012).

I recall taking Emily out to a newly renovated downtown restaurant to eat lunch one day. It is quite a lovely restaurant with contemporary décor and funky light fixtures. I remember Emily looking at me from across the table with those big brown eyes and saying "I bet you would see some movie star or Kim Khardashian in a place like this". For Emily, the restaurant must have been a different world.

Dear Journal,

What is mental health at CAY? It is living every day with stress, poverty, unsafe streets, abuse, drugs, alcohol, teen pregnancy, assault, legal issues, instability.

It is so bad here, so much worse that the youth shelter or the co-op. The problems and issues run so deep; I am unsure how to begin to make a change. The services for these youth are few and far between. The services that do exist are either too temporary or set expectations that are unrealistic and unattainable. There needs to be a change.... A BIG CHANGE but how? The task seems so daunting but things cannot keep going as they are now if our community, city and society are going to flourish in the future. It seems so important to me that if

society wants to decrease homelessness, poverty, criminal activity, substance use and mental health concerns, we must focus on the younger population and their needs and challenges.

Dear Journal,

I keep wondering...would Emily want to spend any time with me at all if I didn't take her out for meals, coffee, and pay her for our time together? I doubt it for some reason. I am just yet another person who is in and out of her life that she can't rely on. Let's see who has left in the past: her father, her mother, group home worker, social workers, friends, family... How hard it must be to see so many people come and go. How can you ever trust anyone again?

Am I a fool for thinking that I can help or make a difference? Can I really get this girl to trust and count on me when I truly don't know how much I will be in her life in the next months to years? I can only hope. I feel like a fraud. I really don't know if I am going to be just another person who she begins to trust and then fades out of her life. I feel guilty for this as gaining Emily's trust has been the foundation to our relationship.

The following photograph of Emily was taken of her using the self timer feature on the digital camera. I imagine her lying on the floor in her living room just out of sight from the rest of her family who are watching television. I am curious how she felt that day. Was she having fun playing around? Did her family notice what she was doing or seem interested? What else was going on in her house at that time?



Emily and I loved this photo! It was the one that she agreed would be the best to share in this work. Here is our discussion of how and when the photograph emerged.

Emily: I look cool ‘cause it’s all bright in the back.

Margot: Yeah it’s really neat. Where were you when you took this one?

Emily: On my living room floor.

Margot: Were you by yourself or was there someone home with you at the time?

Emily: We were all watching a movie and I just started playing around with the camera. That’s when I first thought of this and I took the pictures.

Margot: It’s interesting because you see the picture and you look alone. So it’s kinda neat to say there were other people around.

Emily: I was taking it in the corner, like I couldn't see no one...

In this photograph Emily looks like a young innocent child. Her experience with taking this photo was playful as she was playing around with the camera while others in her family were watching television in their small and often hectic household. She found a quiet space for herself to explore and create, learning as she went and growing along the way.

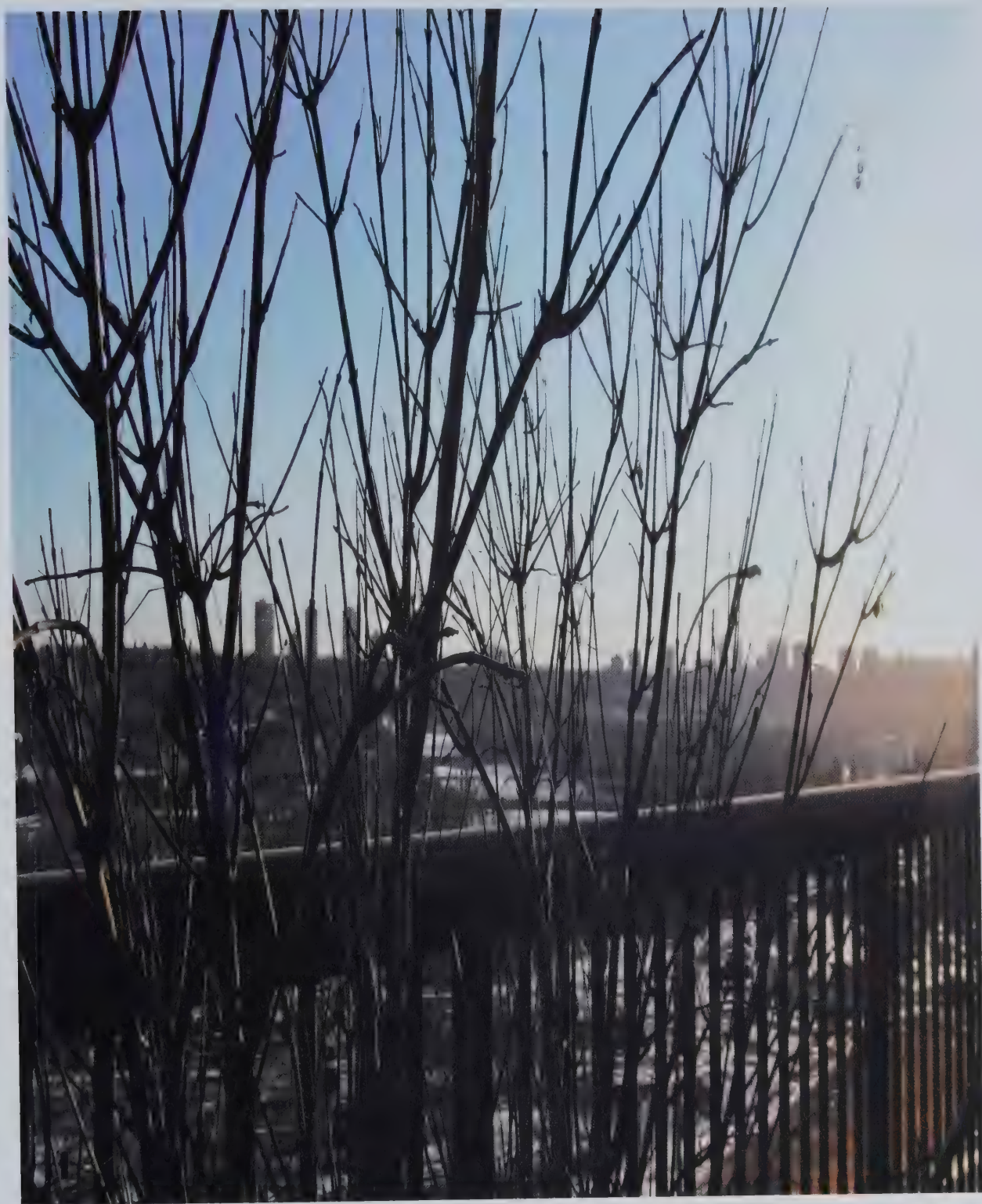
I found it very challenging and personally difficult to navigate the research relationship that Emily and I shared. I felt that she saw me as a caregiver figure and did not seem to fully understand the scope of our relationship as her mother did when she signed the consent. I say this because when she was apprehended by children's services and placed in a group home she put me as her contact. She called and texted me daily for months after I had finished negotiating narrative accounts with all of the youth. In order to help Emily understand, I met with her to explain how her mom allowed me to spend time with her until our collaborative work was done. Now I hoped her work of stories and pictures would be used to help other kids her age. It took some time for Emily to understand this but she had the support of her mom and the staff at CAY to help her. I am left feeling sad and guilty about my relationship with Emily. I feel in some ways that I am yet another person she has trusted, then walked away. How did I let this happen? How could I have protected Emily and myself better? Ethically I believe that I have caused Emily no *direct* harm. I provided her and her family with referrals and other support systems (such as the social worker at CAY), and treated her

with caring and respect. Yet, there is a part of me that wonders if I could have done more.

The photographs in this narrative account represent a series or grouping in which Emily and her experiences are the focus. As I have come to know Emily I am left with many wonders about my concept of family, self, and the social determinants effecting the people of the world in which we live. I will hold these wonders close, as I hold close my experiences living and learning alongside Emily.

NATALIE

It was a cool crisp day and the city was very slowly transforming from winter to spring. A thin layer of snow still covered most of the ground and signs of the changing seasons were starting to emerge- small patches of yellowed grass with flecks of green and birds returning from their winter holidays. It was on this day that Natalie and I set out from CAY to take some photographs of the city. Three of Natalie's photographs from that day are shared within her narrative account. These images were Natalie's favourites because of composition, lighting, and layered effects. I liked them for a different reason. To me, they represented Natalie and the relationship that we had formed over the past few months— somewhat cold and distant with a hint of emptiness, but beautiful none the less.



Before I begin to share the experiences and stories that Natalie and I shared, I feel a need to speak to something else first. After I had written several drafts of Natalie's narrative account, I was introduced to the work of Chimamanda Adiche and her discussion on *the danger of the single story* (Adiche, 2009). Adiche, a writer and storyteller from a middle class Nigerian family, shares how holding a single story of a person limits understanding and knowledge. The formation of a single story is like creating a box in which to place others; a box that is inflexible and impenetrable to new ideas. Single stories can lead to stereotyping and an imbalance of power between those who hold the single story and those whom the story is about (Adiche, 2009). I began to realize that I was guilty of holding a single story of Natalie in those earlier drafts.

As I write these words I am taken back to a play date I was having with a neighbourhood friend when I was around seven years old. My friend and I used to play often on weekends but went to different schools during the week as I attended a private Hebrew school. I recall sitting on the kitchen floor and pulling our family menorah out of the cupboard and showing it to my friend. This menorah was the one my family used to hold the candles which were lit for the Jewish holiday of Chanukah. "What does your menorah look like?" I asked her. My friend, who I know now as Christian Reformed, told me that she didn't have one. I remember thinking that she was lying because *everyone* must have a menorah and was very annoyed with her. We got into a bit of a spat and she went home. It never occurred to me at the time that people could be different from me, that they could have different backgrounds or practices. I held a single story of

culture and religion in which everyone was Jewish and had a menorah. This was a momentous event in my life that I recall vividly. An event that I am brought back to as a result of meeting Natalie.

As I learned about the dangers of a single story (Adiche, 2009), I realized that I started off this inquiry with a single story of Natalie. She was a young girl of aboriginal heritage who had been raised by a family experiencing poverty and substance use issues. Natalie had lived in foster homes and group homes as a young child and was exposed to violence and instability. This was the single story I had of Natalie. As our relationship grew, I was to learn that multiple stories existed in her life, and that I needed to be open to seeing and hearing those stories. Natalie's life, like the lives of the other youth in this inquiry, is intricate and complex and does not hold but one single story. Throughout Natalie's narrative account my understanding of her life and stories grow as I am exposed to a different aspects of her life and some commonalities between us.

Here is Natalie's story...

Natalie and I first met when she attended the camera club at CAY. She was fifteen years old at that time and I learned that she was living with her mom, brother and cousin in a townhouse near the inner city. She attended an outreach school regularly and had many friends. Every time I was at CAY, I was approached by one youth or another asking if I had seen Natalie because they wanted to hang out with her. I came to learn from Natalie that her life has not always been easy because of problems within her home and family such as issues with her mom's boyfriend, repeated apprehensions by Children's Services and

drug and alcohol use. Through our time together I came to see how Natalie was supportive and caring to all of her friends, she always seemed ready to provide a hug or ear to listen.

I came into CAY today and apparently Emily and Lacy knew that I had seen Natalie so they kept asking me where she was. She hadn't been at CAY for a while and her cell had been disconnected so I guess they were worried and wanted to hang out with her. About a half hour later Natalie actually showed up and they bombarded her with hugs and questions about where she had been. It was very touching to see how they all care for each other that way. All the girls went outside to smoke and then I took them for slurpees. Its interesting how I think of Natalie as a quiet, introspective, and hard to engage. Her friends obviously see her in a different way, as trustworthy and solid. (Journal entry)

I saw Natalie as having a quiet strength about her to which I was drawn. I felt that somehow she was different than other youth whom I had met or seen, as she did not strive for attention by being loud. Where many of the youth burst into CAY talking at the top their lungs or banged around trying to get noticed, Natalie simply took her photographs, downloaded them onto the computer, or played with the camera settings without drawing attention to herself. I saw Natalie quietly and purposefully going about her business seemingly unaffected by those around her. She didn't strike me as unfriendly or friendly, just simply *present*. I wonder why she fascinated me so much. I wonder why I watched her from a distance when

she came to CAY, observing whom she interacted with and what she was doing. Did I feel that I could help her? What drew me in her direction? Natalie was one of the initial youth involved in the camera club at CAY and luckily showed great interest, focus and perseverance. She came twice a week to the club and even if no other youth were interested that day she stayed and worked on her own images. Although she avoided eye contact with me in most circumstances, she seemed to listen and become involved in photographic activities that I suggested. Even though we worked together on photographic work and conversations later on, she always seemed at arm's length, never allowing me to close. I sometimes felt that Natalie wanted to let me in but she was afraid that I may hurt her in the long run if she got too close. These thoughts entered my mind having learned of Natalie's family circumstances and past experiences with change and instability. I often wondered why she wanted to invest time and emotional energy in a relationship with me? What would she have to gain from this experience? I don't know why I had these thoughts but it was how I felt at the time. I wonder now what Natalie would think if I told her this? I am curious how she felt about me at that time. I still wonder why Natalie made so little eye contact with me but still stayed engaged? I wonder if Natalie too lived with the complexities that shaped her life quietly. What was her relationship with her mother? Her family?

In the following narrative account, I share the interactions, conversations, experiences that Natalie and I shared throughout our time together. I have included pieces of my personal journal within this letter to show what I was feeling or seeing at the time.

I feel that I still do not yet know Natalie. She seems far beyond my reach and no matter how hard I try, she appears to slip away. My feelings of emptiness can be seen within this account as I struggle to get to know her and understand her life.



I think back to the first time that I saw Natalie. She was so quiet, listening to the guest photographer who had come to speak with the youth about images at one of the first camera club meeting at CAY. I recall feeling a kindness in the way Natalie interacted with me when I asked her questions. She had a softness in her voice that so many of the other kids around the studio don't have, a softness that doesn't match the inner city surrounding CAY. Natalie seemed shy and focused. I was unsure if I should talk with her the first few times that I was

around her because I felt a bit intimidated by her presence. Perhaps I thought I would scare her off?

The feelings of intimidation and discomfort that I experienced with Natalie were not unfamiliar to me during this inquiry. There were so many times it was difficult or uncomfortable for me to be around CAY because I felt like such an outsider. I rarely have been in the position where I am the only non-aboriginal person in a room and it felt very strange. I wasn't sure I really belonged and kept thinking that all of the youth were wondering what I was doing there. As I recall these feelings, I am reminded of an experience I had during my third year of nursing education. I had been doing a community rotation at an aboriginal reserve just outside of the city and was invited to a conference to celebrate the reserve's young people. This was a huge event with many hundreds of people at a hotel in the city. I don't remember a great deal of this meeting but I recall vividly the opening speaker started out by making a *white person* joke. It was an extremely awkward and uncomfortable feeling to be the butt of a racist joke in a room where I was so obviously a minority. The feelings that I had on that day are similar to those I encountered at CAY. I wondered during this experience, as I do now, if Natalie ever looked at me and if she thought about who I was? I'm curious if she knows what it feels like to not fit in?

In reflecting back on my feelings when Natalie agreed to be in the research study I was working on, I was thrilled. Her skill with the camera and interest in photography were so valuable and I hoped at that time that she would be able to contribute pieces to this study. I was also just so excited to be able to share in her

experiences and to learn who she was and is becoming. I wondered if we would come to know each other better.

I recall the first time that Natalie and I met up at a coffee shop downtown. I came early and sat at a table alone anxiously awaiting her arrival. I still remember that I was thinking that I didn't want to freak her out by asking too many questions and was trying to formulate a good way of trying to know her better. Somehow my thought swirled in circles. Natalie arrived and I asked her what she would like to drink or eat. She seemed a bit hesitant so I told her that I was starving and was getting a sandwich and iced tea. This seemed to make her feel a bit more at ease and she asked me to order her a doughnut and coffee. Once I gathered our food and drink, I returned to the table where Natalie was waiting and we started to talk. Since Natalie appeared reluctant to say anything, I found that I started to fill in the gaps of silence with talking. I sometimes do this and I'm fairly sure it is just my way of trying to avoid feeling weird and awkward. Natalie didn't seem to make a big deal of this and didn't leave or shy away from me. She simply sat politely and listened to me talking and answering questions which I would direct her way. During this initial meeting over coffee I remember her telling me about how she met the people who work at CAY, who she liked, who had been there a long time, and how she had formed relationships with some of the staff. As I reflect on her words now, I recall the happy tone to her voice when she shared that she had met Patrick (social worker at CAY) through her mom and that he has known her family for a long time because as Natalie put it "my sisters were crazy kids". I asked Natalie what she had meant by this and she

told me it was because they would drink and do drugs and be trouble. She didn't go into great detail about this, and I didn't push, but it seemed from her tone of voice and facial expression that this was not just occasional partying behaviours. Natalie shared that when she got into drinking, her mom got really concerned and called Patrick. From the way Natalie smiled and softened when she spoke of Patrick, I gained the impression that he has been a source of support and encouragement for her over the past few years.

Reflecting back on Natalie's experiences with alcohol, I am surprised at how young she was when she started drinking. I think that she was either twelve or thirteen years of age at the time. I wonder where she got the alcohol from. Did she have fun or was she just drinking because her sisters were? Did she recognize that this choice could affect her in the long term? Natalie also shared that she had become really depressed around the same time because her mom started dating a new man. Natalie didn't like him at all because of the things he was doing. When I asked Natalie about what she didn't like about her mom's boyfriend she said that he was always drinking and doing drugs and smoking tons. Natalie's mom is still dating this man despite Natalie's aversion to him so we talked further about how she dealt with this. Her simple response when I asked her how she manages was, "I just deal with it". Although a great deal of time has elapsed since my experience with Natalie in the coffee shop, I was still taken with her simple response. What did she mean, I wonder, by "I just deal with it". Should I have probed for a deeper answer? What was my role as a researcher? Natalie made me think about my ethical and professional responsibilities in that I was not in the

role of counsellor, therapist, or nurse. I was aware that delving into potentially emotional realms could place Natalie at risk for pain or trauma and I did not want to lead her there. As well, I wanted to make sure that I would be able to follow up with Natalie and be able to refer her for counselling if she needed extra support.

On another occasion at CAY when Natalie and I were chatting she told me that she had seen a lot of *bad stuff*. To her, this bad stuff were things like family fighting and arguments with people falling and going into treatment. This would have been bad stuff for me too, and I was filled with thoughts of anger and confusion as to why anyone had to witness these things especially a child. *I have been through a lot*, Natalie told me. At fifteen years old I certainly hadn't seen or experienced what Natalie had. I hadn't seen violence or substance abuse within my family or been apprehended to live in foster care. I didn't live in rented and subsidised housing within the inner city where people frequently passed out on my front porch or bummed cigarettes from me. How did living in these circumstances shape her childhood experiences? How will they affect her in the future as an adult or a mother? I wonder how the experiences she had as a child and youth will be brought forward into her adult relationships and her relationships with her own children (is she chooses to have any), as they have become part of who she is as a person.

I learned from Natalie that she has had contact with addictions and mental health services to help her cope with mental health and alcohol use. I wonder if she found these services helpful. As a nurse working in the area of child and youth mental health, I have seen many children who have not been as successful

as Natalie in making sense of their experiences. Where does she find her strength? I'm curious if having support and encouragement from a social worker like Patrick who "*doesn't judge but is always there when you need him*" is a big part of that success.

One day I was sitting in my office at the university going through the transcriptions of conversations between Natalie and myself. As I did this I was struck by how young she was when she was apprehended by Children's Services, the first time at age four. Due to this apprehension and the instability in her mother's life, Natalie moved around a tremendous amount as a younger child. As I write this I am struck by the fact that Natalie even moved homes during the 9 months that I came to know her. When I asked Natalie about this constant moving and change her words were simple and direct as she stated, "*it sucks, it really does*". I wonder again what these few words mean to her in an embodied lived sense. I wonder if the social workers who apprehended her would understand her experiences. Do these professionals see the benefits of removing children from their homes or do they consider other options? This leads me to wonder if other *options* even exist and if they have been explored or researched in relation to children and families' needs.

Reflecting on Natalie's experiences of moving, many thoughts of how change affected me swirl around in my mind. I am brought back to a very difficult year in my life that shaped me forever. I was 27 years old at the time and had been working as a nurse in Edmonton for about three years when I became involved in a relationship with a man who lived in San Francisco. As a result, I

moved from Edmonton to San Francisco. We decided due to his career that a move to Austin, Texas would be appropriate, so 4 months after moving to San Francisco, I moved again. After this move, I began to feel displaced and lost. My partner was doing okay but I was feeling empty and bored with not being able to work. Many months prior I had applied at the University of Toronto into a graduate program and, while in Austin, I received an acceptance letter. Once again, I packed up my bags and returned to Canada with a not so excited partner. While I was in Toronto, I began to feel sad; sadder than I had ever felt in my life. I felt uncertain about my future and about my choices and was lost in a city where I didn't want to be. In this large city, my small apartment felt empty and unfamiliar, it was not a home. I remember how horrible it felt to not have a home or a place where I was safe and belonged. My relationship with this man ended, and after many months of talking with my family and friends, I decided to move back to Alberta and re-root myself in Calgary where I was close to a network of people who were a great support system. This experience changed me. Never in my life had I faced such feelings of sadness and helplessness. It was from this experience, this painful year of transition that my interest and desire to teach the importance of mental health began to grow. I had learned firsthand (not from a scenario or module) how life situations and circumstance can affect mental health. This experience gave me the insight and drive to focus my practice on increasing knowledge and awareness of mental health issues and their tremendous effects on every individual. My time alongside Natalie reminded me of my experiences.

Throughout our time together, Natalie really didn't choose to share a great deal about her family, particularly on her father's side. The only mention of him that I recall was while we were having a drink on the patio at Starbucks on a lovely early summer day, when she shared that her dad taught her to cook and used to be "awesome". "Where is he now?", I inquired. Natalie looked into her coffee cup, took a sip, then spoke, "he and my auntie started using crack, now he's lost on the streets". That was the only mention Natalie ever made of her father. I wonder how her memories of him teaching her to cook sustain her. I wonder what triggered her memory of him teaching her to cook as we sat on the patio. I wonder where her dad is now. Does he think of his daughter and the fond times they shared?

During our chat at Starbucks, I asked Natalie if she ever thought about what she wanted to do when she was older. She told me that she loved cooking and really wanted to be a chef one day. Her love of cooking was learned from her father and I wonder if this activity reminds her of him? Does she encounter memories of her father when she cooks? I was surprised Natalie had this aspiration since I have often talked with children in the past who have no idea at all what they want to do. Together we fantasized about the types of chef jobs that she could have and even that she could travel the world being a chef on a boat or cruise ship. Natalie seemed to really like that idea.

During this conversation about being a chef on a ship, I told her about a girl that I knew who worked as a private cook on a sailboat in South Africa. This brought about a strange connection that I didn't expect as apparently Natalie had a

sister-in-law who was from South Africa. This led us into a conversation about South Africa, how my family was from there, and how I had visited there in the past. It was a very lovely, and very unexpected connection to have between us. It made me realize that I was not so much of an outsider as I had thought and that we did share some common experiences. Natalie also seemed surprised by this connection. Her face lit up and softened when she learned of my family's background and our discussion felt somewhat easier and less forced.

A vivid memory I have of Natalie was while we were driving back to CAY after going for a snack downtown. As I drove past the convention centre, Natalie told me that she had been arrested there on the weekend for smashing the security guard's window. I was shocked. I had seen Natalie as a quiet, reserved girl and this news just didn't fit with how I saw her. Did I read her incorrectly? Was I holding on to a single story of Natalie? Natalie leaned over from the passenger seat and showed me some big, purplish bruises on her wrists from the handcuffs. What was she thinking as she told me? For a brief moment, Natalie let me in and then shut the door as fast as it opened. She did not want to talk further about this experience. I wondered why she shared this experience with me. I recall feeling as though she had a wall surrounding her and just when she may feel safe to let me in further, she closed up again. As I reflect on this experience, I wonder if my reaction to Natalie's story shaped the space between us and made it unsafe for her to share. Perhaps, this is why she chose not to talk further. I look back at this day with regret and wished I had responded differently, without surprise or judgment. I know with proper boundaries and

working with other youth that I shouldn't have taken this experience personally, but I did. I thought that something may be wrong with me that Natalie just didn't trust me enough to share more of herself. As I look back at my feelings of that day, I wonder why Natalie should have trusted me. Why should she share her experiences and thoughts with someone she hardly knows? Have her past experiences with other professionals and adults led her to trust and open herself up emotionally? As I think of Natalie, her past experiences, and our relationship, I see how lucky I was that she shared parts of her life. I have learned from the small pieces she was willing to share and realize these insights were a gift.

I began to worry later that summer when I didn't hear from, or see, Natalie for several weeks. It was like she had dropped off the face of the earth. Towards the end of the summer, quite unexpectedly I received a text on my phone from Natalie telling me that she had been in Fort McMurray visiting her sister and had had a great time. Pleased to hear from her, I immediately texted her back to see if she wanted to meet up later in the week. I didn't hear back. I remember thinking that maybe she just wasn't into meeting anymore and that I was really disappointed and truthfully, a bit hurt. I also remember thinking that I didn't want to seem like a stalker and keep texting her, so I just let things go.

I learned many months later from the social worker at CAY that Natalie was upset and avoided me because the camera that I had lent to her was stolen and she was scared I would be angry. Apparently I was wrong when I thought she was avoiding me because she didn't like me. How many other times during this inquiry did my thoughts focus on a single story of the youth that wasn't true? I

think back to when I felt uneasy at CAY, or anywhere for that matter, and how it may have been my interpretation of other's behaviour that were the cause of my feelings. I did finally get the opportunity to tell Natalie that I wasn't upset about the camera and that I was more interested in her being okay. She seemed relieved by my words, but our relationships was never the same. It was almost winter again in the city and my time living and learning alongside Natalie seemed to have come to a close.

I end Natalie's narrative account with one of her photographs taken on that cool crisp day in late winter, as well as her words that she shared when I asked her how she copes when things get rough, "*I don't wanna be sad so I kind of gotta move on*".



LACY



Lacy took this photograph during a meeting of the camera club at CAY when a large group of youth and myself set off into the river valley to take photos. I had only met Lacy a few times before this day and didn't know her or many of her friends well except for some casual interactions at CAY. They seemed content to be with me and excited at the prospect of taking photographs, so we headed off on our adventure together. It was only a short walk to the river valley

and the day was cool and damp. I led the group while many of the youth lingered along the way, chatting, talking, and taking photographs of the cityscape en route to our destination. Once in the river valley Lacy and her friends stood in a circle chatting and staying warm from the cool wind. This fun image was taken by Lacy at that time and shows four of the youth huddling together in a circle trying to shield themselves and protect each other from the cold wind. To me, this circle represents the strengths and ties each of these youth has to one another. From what I have seen, they are friends who have shared some histories and current life situations, and perhaps will remain connected in the future. These youth have connected through experiences; experiences with family life, street life, school, and CAY which have formed their relationships and bound them together.

Of all the youth that I came to know Lacy was the most challenging. She appeared hard and angry, yet was only 15 years old when we met. I rarely saw Lacy smile and she tended to have a tough look on her face and was usually dressed in very gangster looking styles. I often saw her walking into CAY wearing a coloured baseball cap or bandana (which was usually red or blue) over her long dark hair, high top sneakers, skinny jeans, and logo t-shirt covering her petite frame. On occasion she kept her sunglasses on inside, though I never quite understood why. I felt uncertain as to how to approach Lacy mostly because of her behaviour which I interpreted as aggressive and cold to those she didn't know or trust. I thought she would just tell me to f-off and I didn't want to be hurt by her and go through that experience. Perhaps I had a single story (Adiche, 2009) of Lacy at this time as I did with Natalie. I saw her a gangster, a tough kid. I had

labelled her and placed her a metaphorical box so that I could categorize her and make sense of my feelings. Was I protecting myself by doing this? Why couldn't I open myself up to see her multiple stories of experience? Lacy's appearance gave her a *street* vibe that went along with what I had labelled as, that is, as having a *tough* attitude and behaviour. Sometimes I wondered if she meant to intimidate others, me included. I say this because I often felt she wanted to keep control and power in our relationship and not give me the opportunity to take advantage or hurt her. An advantage that I learned others had over her in her past, like her father and foster care families. She wanted things on her terms, to say when and where we would meet, and to keep me at arm's length. I accept this now but it took me a while to navigate my feelings, and I often wonder if Lacy was aware of her power over me. Was she aware of her strength in our relationship and how she had grown through her own experiences in order to develop this strength? I believe that so much of Lacy's life (details of which will be shared further on in this narrative account) had been out of her control, from where she lived, whom she lived with, if she had anything to eat on a given day, if she was to go to school. Perhaps she wanted that strength in our relationship. She knew how much she was willing to share and took control of her relationship with me in a way many 15 year olds may be afraid to do with adults. She kept her boundaries, rarely asked me personal questions, and behaved in an almost *business like* manner when we met one on one. There was no chit chat, no idle conversation, no softness, it was all business; her business. In this way, I believe that Lacy was strategic in the stories she shared with me. She knew that I was a

nurse and what the inquiry was intended to explore, so she gave me, what I believe, she thought I was looking for. Perhaps they were the ones that I was looking for...stories of abuse, violence, and family instability to feed my single story of what I thought Lacy should be. Had I led her in this direction? Had I even imagined that there were many other layers to Lacy's life such as art, music, love, and creativity? In looking back, I am shocked by my behaviour and thinking. It makes me realize that what I have learned over time as a single story of aboriginal youth had crept insidiously into my personal narrative alongside the dominant narrative in mental health.

Although I wished that Lacy could have opened up to me more, I admire her for her strength. In fact, I admire Lacy for many things; her strong relationship with her grandmother, her devotion to family, her drive to gain an education, her artistic talents. I often wondered who I was and who I was becoming in her life? I wondered if our relationship could have grown deeper if we had more time than the six or so months we spent together. Would this have made a difference in her interpretation and understanding of who I was?

In getting to know Lacy I began to understand how some health care professionals can be uncertain as to how to approach and work with youth who find themselves in at risk situations. I say this as I too am faced with the feeling of uncertainty around Lacy despite having past experiences working with youth in similar circumstances. I recall having heard nurses in the emergency department say how they don't like working with these kids. "*You know the type*", I have heard nurses say, labelling these youth as - tough kids, street kids, aboriginal kids,

kids from at risk situations. I wonder about the ethical challenges for nurses surrounding this issue? How do these attitudes and interpretations interfere with the nursing care that is provided? Could nurses' outward responses be covering up for their distress in caring for these children and youth?

Lacy's narrative account shares several of her photographs as well as a specific conversation. I feel that Lacy never trusted me which is reflected in the account that follows. She would speak to me one day and then the next day act as if I was invisible, walking right by me without a hello, a smile, or any eye contact. I look back at our relationship and see that our interactions were few and on her terms. I do not feel that Lacy and I ever really came to know each other and I still wonder why. Was it my perceptions of her as tough and impenetrable? Was I too intimidated by her to fully be myself in our relationship? Was this Lacy's choice to keep me at a distance? Perhaps, over time, we would have come to know each other better. I reflect on Lacy's past and present and think of her future, what Lacy will be like in a few years? I hope that our paths will cross again one day.

"I keep seeing this one girl coming into CAY, I think her name is Lacy. She looks so intimidating, which may sound weird for me to say about a thin young girl, but that's how I feel. I wonder what has gone on in her life, where she lives, who her family is? She won't look at me even though I know she knows who I am from some of her friends. I'm wondering how I can reach out to her?"
(Journal entry).

Unreachable

When I think of Lacy, the one word that comes to my mind is *unreachable*. From the moment I saw Lacy at CAY I was intimidated by her. I always thought she would either completely ignore if I approached her or worse yet, tell me outright to f-off. This may seem like an odd thing to say about a 15 year old girl as I am supposed to be a *seasoned* professional (whatever that may be) who has worked with many youth over the years. But Lacy is tough. She is physically tiny with soft and delicate facial features and a slight, trim build. I often thought of what a beautiful girl she is, almost striking in her appearance and somewhat *doll like* or *unreal*. These features are masked, however, by a hard outward appearance with her gangster type clothing, aloofness in her behaviour, and tough facial expressions that made her seem unapproachable. The few initial times that Lacy appeared at CAY I was apprehensive to start up a conversation with her for fear that she would dismiss or be rude to me. I thought that she would want nothing to do with me and would see me as just another person trying to get something from her. I wonder if she asked herself questions, such as: Another stranger? Another nurse or social worker? What could she do for me? I realize now that I am putting thoughts and words into her mouth but it was so hard for me to begin a relationship with Lacy. It took several weeks for Lacy to even acknowledge my presence at CAY, often walking right by me or ignoring anything I said. I was thrilled when one day, out of the blue, Lacy walked by me at the large art table and actually said hello to me. A real hello, directed solely at me. I felt as though I had jumped a huge hurdle. I had my presence

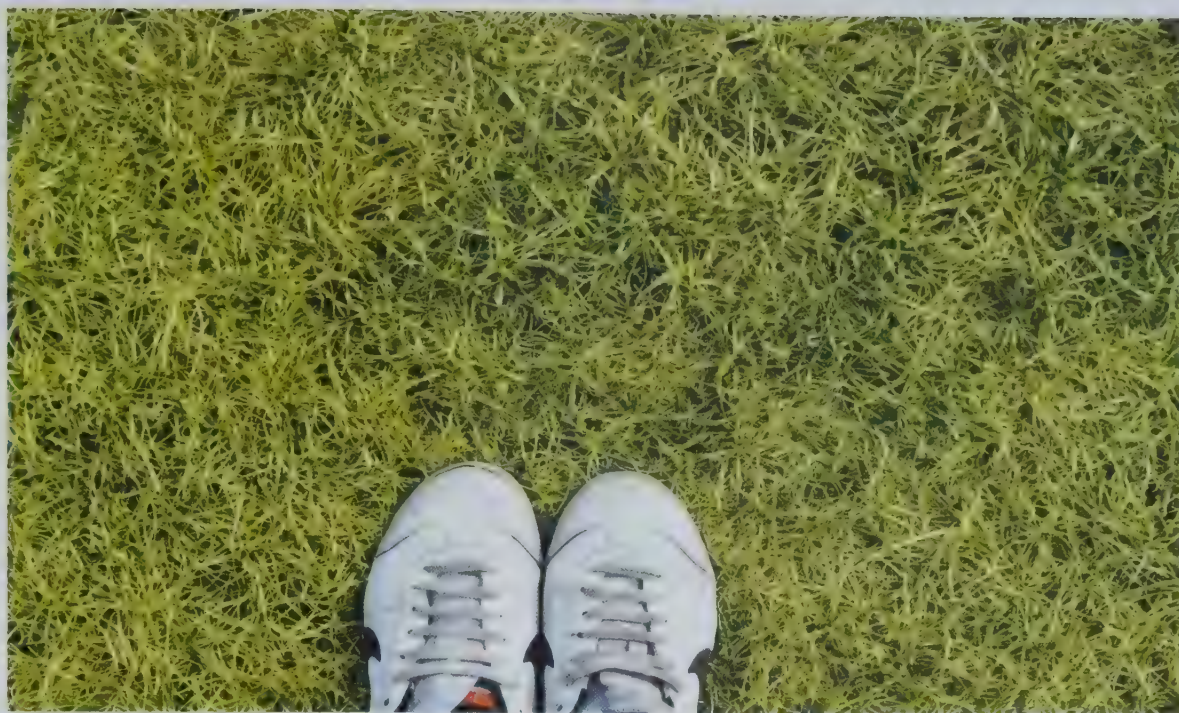
acknowledged! The next day while Lacy worked on her painting, I summoned the confidence and approached her to ask if she would be interested in being in the research study and she agreed that she would. She actually seemed genuinely pleased that I had asked her. Maybe her reason for finally saying hello was that a few of her friends had been working with me during the camera club and on the research project. Maybe she actually wanted to be included. This thought crossed my mind at the time but I remained, and still remain, unsure. I recall being so excited to try and get to know Lacy that I set up a time to meet with her the following week.

This meeting was not to be. On our set meeting day, I raced over to CAY after work and waited for Lacy to show up but she never did. I recall feeling disappointed and somewhat embarrassed that the other people at CAY saw me being stood up. I look back at these feelings and feel silly now, but at the time I was quite let down. I never found out why Lacy didn't show up that day. Apparently, she had her own agenda and schedule and it was up to me to follow her lead. When she was ready to talk, it would be on her terms, not mine. For many weeks Lacy kept me at a distance by either avoiding me or making sure she had a friend along when we spoke. One afternoon, again out of blue, she asked me if I wanted to have "*that talk*" now. I was so happy, this was my chance. We went into an office at CAY and we chatted for about 45 minutes or so. Lacy shared many personal stories of her childhood. Stories of growing up in foster care, her father, her grandmother, abuse, and schooling. She spoke of her family but never let me closer to her feelings. I could understand on some level but it did

leave me with many questions. Perhaps she has given enough of herself in the past? What could I offer her long term? She gave to me what she was willing to share and what she thought I wanted. Our conversation ended abruptly when Lacy heard her sister outside the door of the office where we were meeting. She looked at me and said that she didn't feel like talking anymore and was going to hang out with her sister. I thanked her for sharing her stories and for meeting with me, she nodded and left.

I saw Lacy a few times after our conversation but we never were able to connect one on one again. Lacy was going through some difficult times with her family and seemed preoccupied and cold. Eventually, she left town for several months and I lost touch with her. I was glad for the short time that I was able to speak with her. Lacy was able to spend time with me during the camera club as well and took some wonderful photographs but these interactions were less personal due to the other youth in the group. Unfortunately, I feel that she will forever remain at a distance.

The following image was taken on the same day as the circle of four friends photo shared earlier in Lacy's narrative account. This image portrays Lacy alone, her shoes just poking onto the edge of the photo. Although I never had the opportunity to discuss this image with Lacy, I see it as a representation of who Lacy is; a young girl standing strong and tall, on her own two feet. A young girl who is making her own way in life, setting her path, and following her heart.



The following is the conversation that Lacy and I had in the office at CAY on that special day when she felt that she was ready to talk...

Lacy: It's my birthday tomorrow I'm turning 15.

Margot: Happy birthday. That's super exciting.

Lacy: Ya, I'm excited.

Margot: So Lacy, where did you grow up?

Lacy: Actually at 3 years old or 4 I got taken from my grandma 'cause my mom was still using at the time. I moved to the farm, then to BC, then to the reserve, then to Edmonton. I went to live with my Auntie for a while.

Margot: Do you remember how old you were?

Lacy: I remember I went to a daycare at the time. I didn't know what it was but I remember my grandma used to drop us off there and we'd stay there for a couple of months and I'd sleep there and have bedtime stories.

I think of my children at ages 3 and 4, and imagine their fear and sadness if they were to have been taken away from their dad and I. It breaks my heart to think of this. How did Lacy cope with this as a little girl? Did she have a stuffed animal or a blanket that gave her comfort when she was away from those she loved? I think of these experiences that Lacy had as a little girl and wonder how they have formed who she is today. What effect did they have on her?

Margot: I wonder where or what kind of place that was?

Lacy: I don't know. I was young though and by the time I was 9 or 10 years old I used to get beat up at the time.

Again my heart breaks. Why is Lacy sharing these stories with me? Were there any happy stories from her childhood? Did she have any joy with her family or siblings?

Margot: By who?

Lacy: Just people that my Auntie's husband knew, 'cause he used to use all the time. I remember this one time me and my cousin were sleeping, we never had blankets or anything and he woke us up, grabbed us by the hair, jerked us down the hallway, threw us out the door and the sun was really hot that day and our feet were burning and stuff. And he told us to walk home so we started walking and then we don't know where we're going, all we knew was the school around the corner. I forget what happened after that but then we got picked up and brought back there again and when we walked in the door he grabbed us by the hair again and threw us on the stairs, there was tons of stairs and I hit my head and passed

out. And then we woke up in the pitch dark and we were trying to feel around to turn on the lights and find a door.

I sit there in the small office trying to picture what Lacy has just told me. I think of two little girls in nightgowns being tossed out into the street like garbage on a bright sunny morning. Their bare feet plodding on the hot sidewalk while they look for a safe place to be. I think of being locked in a dark space fumbling for a light switch or a way out, and fear comes over me. Was this how Lacy felt? Has she gotten over this experience? Does she ever see these family members?

Margot: Whoa. How long ago was this?

Lacy: Years ago.

Margot: So Lacy, if you could describe your childhood, how's it been so far?

I look back at this question and wonder why I asked this when I knew so much of her childhood had been so hard. I recall wanting to know Lacy's interpretation of things and how she saw her family. She had shared such brutal stories with me with little emotion that I felt as if there must be more, something positive that has given her hope and propelled her forward.

Lacy: I guess ever since I lived with my grandmother it's been easier.

Margot: Are you in school now?

Lacy: I'm in grade 9. Next year I'm going to an Arts school. I'm gonna sing there.

Margot: That's amazing. You like arts and stuff, right?

Lacy: Yeah. I paint and sketch whatever comes to mind. Or words that come to mind. I like graffiti. When bad stuff happens, like an argument or something or I

get yelled at, I go upstairs, I lock my door, and I go sit in the bathtub with my sketchbook and then I cool down.

In my mind I am repeating her words. "I sit in the bathtub with my sketchbook until I cool down". I think of other youth with whom I have worked in the past and how drugs, alcohol, or self-harming was their emotional outlet. Not Lacy. I wonder where she learnt this from. What does it mean to cool down? I love the fact that she uses her art as a means to cope and express herself. It is her emotional outlet. Lacy could maybe teach me something about coping when I find myself feeling stressed out.

Margot: It's nice just to have a safe place to be. Are there a lot of times when it doesn't feel safe to be at your grandmother's?

Lacy: Yeah, it's ok. I love my grandma, she's my world.

Margot: You feel safe with her. It's so important, you just need one person to feel safe with, right?

Lacy: Yeah. That one person is my grandma. And sometimes when I think about it, what am I going to do when she's gone. I don't wanna think about that now, but sometimes...

Margot: She has put all the good stuff into you and she'll give you strength.

Lacy: 'Cause one thing I know for sure is I'm gonna finish my whole school, go to college, do something with my life 'cause that's one important thing my grandma wants me to do, she always tells me every day, I wanna see you finish school, I wanna see you do this. Me and my little cousin are like practically the only ones who go to school. We have 6 girls that live with us.

At this point I'm envisioning a small, cramped home with at least eight people in it. All of these six kids, their grandma, and Lacys's father in the basement. What is it like living there? What do the other kids do all day if they don't go to school? How on earth do they survive on their grandma's income? As I reflected on this conversation a few months later, I thought again of how different my life has been from Lacy's and the other youth in this inquiry. I wonder about Lacy and her grandmother and how they are separated by so many years. How old is her grandmother? How would Lacy cope if something were to happen to her? Will Lacy always carry a piece of her grandmother with her after she is gone as I do with my mother?

Margot: Who are they all?

Lacy: OK, two are my grandma's daughter's kids. Me and (sister's name) are my dad's kids, her son's kids, and the other two are her other son's kids.

Margot: So she's taking care of all her children's children? Where are the parents?

Lacy: My uncle lives near (area) with his other family. My mom, who knows what, my dad lives with me.

Margot: Your dad lives with you guys?

Lacy: Yeah.

Margot: How do feel about your dad? Do you feel safe with him?

Lacy: No. I don't, he's going to treatment though, that's for sure.

Margot: You don't feel safe with him in what way?

I'm a little scared asking this question as I'm not sure if I want to really know the answer. Thoughts of abuse and maltreatment swirl around in my head. What do I do if Lacy shares something that I don't know how to react to or help her with? Again, I think of all those 6 girls living together. Are they safe? Who can protect them if they are not? I wonder why these thoughts come to be me first. I wonder if despite not feeling safe, Lacy has a relationship with her dad. I wonder who her father is and is becoming in her life.

Lacy: My house is all empty, my dad will buy groceries, he brings his friends over, his homeless friends, to eat all our food. We never have food to eat in the morning, especially today. We never have food to eat unless we find something to eat and my grandma's money goes missin'. Everything that's expensive in the house that's pawn-able, sellable...sold, or whatever, traded for, it goes missin'.

Margot: And he takes it all and sells it all?

Lacy: Yeah.

Margot: So he's not really like your dad?

What was I getting at here? Was I following my own story and understanding of what a father should be, a figure of love, support and guidance.

Lacy: Yeah, I don't call him my father, I call him my stranger. He used to be like the best father in the whole world, he used to be like sober, he used to do everything with us, he used to buy us everything, take us out every week and have family night and then one day he just shut down and I don't know what happened to him.

I pause and reflect on the gravity of what Lacy has told me. Her father, her actual biological father, is no more than a stranger to her. This one word, stranger, speaks volumes about how Lacy feels towards him and how she has coped and separated herself from the life he represents. I think of my own father and our relationship over the years. We had never become really close emotionally until after my mother died but I would never have called him a stranger. I wonder if Lacy would like to have a fresh start with her dad. Would she like to have a relationship with him in the future? I am curious as to what memories Lacy carries forward with her of her dad. She had said that he used to be the best dad in the whole world. I wonder if he can regain that status.

Our conversation continues...

Margot: Does he use drugs or does he drink? Both?

Lacy: Yeah.

Margot: How does your grandma deal with that?

Lacy: She tries as hard as she can but she kicks him out, tells him to stay downstairs or don't even bother talking to anybody in the house. He mainly stays down in his chamber.

Margot: His chamber? Is that like the man cave kinda thing?

Lacy: Yeah. He just doesn't do anything.

Lacy finishes this thought and abruptly changes the topic as though she really wanted me to know what she was about to share.

Lacy: I got in a fight today at school, it was bad, I think I'm being charged. She attacked me and I didn't know what to do, if she's gonna hit me I'm not gonna just lay there, OK you're hitting me.

Margot: Yeah, you can't do that, what's the alternative?

Lacy: The police came to school like 15 minutes after. I don't know how they got there real fast.

Lacy got into a fight today at school. I wondered what would that feel like. I never have been a physical fight in my life! Was she scared? I wanted to try and give her some insight into how to avoid these kind of situations or how to see that what she does not will affect her later on in life. Does she even know how to avoid this? Why did I assume that she didn't? I don't know if she really cared about what I thought but I asked.

Margot: You have some really good hopes for your future right? So when you're faced with something like what happened today or when someone attacks you, or the police are gonna charge you, what should you do?

Lacy: I just get an adrenaline rush, when somebody scratches me my adrenaline starts pushin'. It's like OK let's do this, and my fists just go flying, you don't even know.

I sure gained an understanding of what Lacy went through during her day at school. I wish that understanding could branch out into other aspects of her life. There is still so much that I don't know of Lacy and her experiences. I think back to being fifteen years old. I would have been in grade eleven at that time and enjoying hanging out with my friends and gaining independence in my world.

Much the same as Lacy was when we met. I never got into physical fights though, in fact, I never even thought about it. I wonder about the differences in our lives and how she knows how to protect herself physically as well as emotionally. I wonder if these attributes will serve her well in the future.

Margot: You're telling me these stories and I keep thinking of a little 3 or 4 year old kid taken away from their mom. Are you a happy person?

Lacy: I guess I think to myself I don't have the hardest life 'cause I see kids out there that don't even have homes or family or nobody...

Margot: You have your grandma, right?

Lacy: Yeah, at least I have people with me, a roof over top of me, somewhere to sleep. My grandma helps us with all of that.

Margot: She does her very best. Does she work?

Lacy: No. She gets, what do you call it?

Margot: Welfare?

Lacy: Yeah.

Margot: Oh, that's not very much income to help you guys, and especially if your dad's taking food.

I see the empty fridge and envision the girls and their grandma being left hungry. What does this feel like? Do they get angry? Scared? I wonder how I would cope in this situation. I wonder how Lacy does. I imagine myself as a teenager, going to the fridge in the morning and finding it empty and realizing there was little promise of eating anything in the near future. How would I go on with my day? How would I be able to focus or have the energy to make it to school? I

wonder how many days this happened to Lacy. I wonder how many days she goes to school hungry. Was today one of those days?

Lacy: Eventually life's gonna change.

Margot: How's that?

Lacy: My dad for sure, that's one way life is gonna change, my dad's gonna go to treatment. And everyone's gonna start to come and live with us again and my grandma's gonna have a new house. We're gonna get a bunch of beds.

Lacy leaves me here; sitting in a youth worker's cramped and cluttered office in a rundown building within the inner city. Her last statement remains hanging in the air letting me know that her needs are simple. She wants a safe new house and a bed for everyone who lives there. Her wishes are something that most people in society take for granted, simply a bed to sleep in at night. Why did she choose to share this with me? I can make guesses but I will never know the answer to that question. I wish that I could have gotten to know Lacy better. Maybe she tried to make a little space for me somewhere in her world? It seems that Lacy had given all that she can to me at that time, on her terms. I wonder if I will always see Lacy as *unreachable*? Will I ever be able to travel to her world (Lugones, 1987) and learn to better understand Lacy's life and experiences.

I wonder what happened to Lacy after that day. I wonder if she is still working hard in school to please her grandmother. As I reflect on our relationship I am curious if I could have done something differently to have gained Lacy's trust. Would that have resulted in a deeper understanding of one another?

Perhaps I am focusing on my own needs rather than Lacy's; my own feelings of failure or disappointment at not being able to reach her.

The following four photographs were taken by Lacy while we walked together along the banks of the river. Lacy chose this place to take her photographs though she did not share why. Each of the images capture river stones as seen from different perspectives and different angles. I chose these images because I saw them as being influenced by Lacy's grandmother, a woman who has instilled hard work, hope, and wonder into her granddaughter's life. A woman who has helped Lacy see the world from different perspectives and angles just as Lacy has photographed the stones. Lacy shared that her grandmother is *her world*. These photographs are a piece of this world...







I have chosen the following of Lacy's images to share as the final image in her narrative account. I see the stairway in this image as portraying a path into Lacy's future, the railings guiding her way just as her grandmother has done in the past. The river at the end of the stairway leading Lacy to an unknown place, a place that no one knows, or can even imagine. I wonder how Lacy sees her life and her future. Does she imagine the places she will go and the people she will meet? I think of Lacy, her siblings, her cousins, her father, and her grandmother and wonder how their lives will unfold. What will their futures be?



JULIA

I met Julia at CAY on a cold day in winter. There weren't that many youth there that day and I was just sitting at a table, chatting with the art director and one of the social workers and learning, unsuccessfully, how to bead a necklace. Often when I was at CAY I engaged in whatever craft or activity was going on that day, be it beading or painting or weaving. I liked doing these activities, not only because they were fun and creative but because I felt they connected me to the youth and staff at CAY. Having an activity or craft to do that kept my mind and hands busy and shifted the focus from the youth directly. I felt that softened the tone of our interactions and made for a slighter easier environment for interaction. Julia was very friendly when we first met that day and we started talking right away. She asked many questions about who I was and what I was doing there. I explained about being a nurse and working at the university as well as engaging in this inquiry with the youth at CAY. Julia then asked if she could be a research participant and I happily accepted her offer, our relationship grew from there. I look back at the day we met and wonder what made Julia choose to be in this inquiry? What about it interested her or led her to become involved? As I reflect back now to our chance meeting, I realize how lucky I was to have met Julia on that day.

When we met, Julia was 22 years old and said that she had lived on her own for several years. She shared that she had an "*amazing*" supportive boyfriend whom she adored and one sister with whom she maintained a close relationship. What made these people special in Julia's life? What was it about

them that made her feel happy? Aside from her sister, Julia chose not to remain in contact with any other of her family members (of whom she has many). I learned through our discussions that she felt that they were negative influences on her due to their lifestyles, which consisted of excessive drug and alcohol use, violent behaviours, sexual abuse, and illegal activities. She shared that she often had no where to turn for stability and very few supports in her life.

As I spent more time with Julia I learned that she felt her family's influence and behaviours had led to her own mental health and substance use issues. She now chooses to stay as far away from them as possible. How difficult that must be for Julia, and I often wondered if she missed her family or wished things were different. I see that it would take a great deal of energy on her part to avoid family interactions and create a new life for herself, but Julia was able to achieve this. I learned from Julia that she had to spend time in the hospital on a psychiatric unit for treatment because she has a diagnosis of bipolar disorder and had episodes of "*going crazy*". From her explanation, I assumed she meant she suffered from psychosis because she described the nurses and doctors in hospital thinking she had "*crazy thoughts that weren't real*". Julia said that she didn't remember what she was thinking at that time. I wonder what went on at that time in her life? Was she really experiencing psychosis? Was she frightened? How was she treated by the doctors and nurses? Was she categorized and diagnosed, or was her story heard?

One of the most amazing things that I learned about Julia was that she had been very involved with a community agency that supports victims of sexual

abuse through public speaking and advocacy. She has become very active in the community through this work and it has given her a purpose and an outlet to help others as well as herself. In addition to this work, Julia has also acted in a few locally filmed commercials and movies. I remember watching one of these commercials with her on YouTube while we visited at CAY, it was really amazing to see her on the screen. While living alongside Julia, I learned that she was extremely artistic and writes poetry, draws, and paints. She often shared that her art is the outlet which has helped her cope with stress in her life. It was a place for her to *put* her pain and frustrations so that she can move on with her life. I wonder where she learned this way of coping. Did her family have an influence or was this a gift that she was born with?

I felt so at ease speaking with Julia, she always seemed very open and forthright when she spoke about her life and experiences. She made me feel accepted and that our relationship and discussion were important to her. Julia once told me that our last meeting (a week prior) was really helpful for her emotionally. She shared that talking about her family was painful but that she felt stronger and “*a bit better*” for having discussed this with me, “*like a counselling session*” she said. This made me feel very useful and reinforced that our time together was valuable for both of us. Over the six or so months that Julia and I spent time together, we had many conversations where she shared stories of her life, family, and feelings. These conversations, which are shared in the following pages, exposed me to a broader understanding of experiences such as living with discrimination, mental health issues, family dynamics, and hope for the future.

Julia's experiences have been etched in my mind, her stories of despair, horror, relationships, and strength of spirit echo often in my thoughts. They affected me to my core and have changed the way I see and understand myself and others. I have learned to listen, to try and hear, the stories and experiences of others and how these experiences relate to my life and my understanding.

Julia's narrative account is presented in story format where I share several of our conversations. Although I did provide a camera to Julia, she never took any photographs. I had asked her many times for the camera and any photographs that she had taken, but she would just change the subject. Initially I felt disappointed, but over time came to accept that this was Julia's choice. I learned to accept that she chose to share her experiences with me through words rather than images. This was her way. At times I think back to our relationship and wonder what images Julia would have chosen to share? Would her photographs have shown people or places that she has been? I am also curious at why Julia chose not to take any photographs and what ever became of the camera that I had given her.

Part One:

Creating worlds

Julia and I sat at a small table in the coffee shop. The place was about half full of people chatting and savouring a warm place on such a cold winter day. Julia had been shopping downtown and piled up her bags of purchases as we started to talk. She said that she had recently been to a luncheon to honour people who have spoken out on child abuse, which provided me a doorway to ask her

questions on the topic. “Honestly”, Julia begins, “because I was abused I developed different personalities... When I was a little girl I made up this world that only I knew of. A place where I could go and things would happen and I didn’t really like sitting in my dark rooms either”. I sat in wonderment of what she was sharing with me and felt a tremendous sense of sadness and fear at hearing her story. I envision a small child curled up in a dark space trying to create some comfort for herself and I am consumed by anger. No child deserves these feelings, these experiences, how can life be so cruel? I hear Julia clarify, “what I mean by dark rooms is the things that I was going through, and so I had escaped to this other place that I just basically made up where I knew these positive people and we’d talk and have fun. But really, it was just me going crazy. It’s all it was.” These words circle in my mind, *it was just me going crazy*. I wonder what this feels like; to think you are going crazy. How does Julia feel now, looking back on these experiences? Did her *going crazy* actually keep her mind safe and help her become who she is today and will be in the future? I am left with so many questions.

“But isn’t that how you would cope?” I ask. I’ve heard and read of this way to cope with trauma and was curious as to why Julia thought she was going crazy. “People thought I was schizophrenic, but I wasn’t”. She adds, “I erased my reality”. This made a lot of sense to me and I told her. I shared the story I had read of the famous psychotherapist Victor Frankel who had survived the concentration camps during the Holocaust through very much the same method as

Julia was describing. Frankel believed that the Nazis may be able touch him physically but his mind was his own and no one could enter.

In looking back at this conversation, I can see how I was associating Julia's experiences to those I could relate to in some way. I am not aboriginal, but I am Jewish and my paternal grandmother lost her seven siblings and both parents at the hands of the Nazis. My maternal grandparents were from Latvia in Eastern Europe and only survived because they immigrated to South Africa just prior to the war. I have learned a lot about this genocide and have visited several Holocaust memorials including Yad Vashem in Israel as well as Anne Frank's home in Amsterdam. The pain that Julia describes at being traumatized and victimized reminds me of the ties I feel to my family. When I learned of Victor Frankel and his method of self-preservation, it resonated with me. Similarly to Frankel, Julia was saving herself by finding a safe place in her mind. A place where she was free. Has living through trauma given Julia the strength to help others and continue to advocate for victims of sexual abuse? How will it affect her own relationships?

I see Julia nodding intently at my explanation of who Frankl was and of the Holocaust reference, she seems to get what I am saying. Julia continued, "I still do that [finding a safe place], I hate being home alone. Like honestly that's probably the only reason why I'm so clingy on my boyfriend. I'm so afraid." I ask, "About what? That he's going to leave you?" "No, not because he's gonna leave but I'm just afraid because I don't want to get hurt. I don't want my family coming into my home and bringing all this stuff in, like all the booze. I have

nightmares because of that shit you know and I'm always screaming in the corner that I brought the devil in. I brought the devil in and I don't want to bring the devil in." This is a terrifying vision for me. I often had vivid dreams as a child about the devil and could picture how he looked. Hearing Julia talk about this sent a shiver through me. I wonder how it would feel to associate your family with this image? How could it be that your family is the ultimate representation of terror. This discussion leaves me a bit shaken and I feel that I want to go home. It occurs to me that *home* represents safety and family yet to Julia it is completely the opposite.

Julia is a bit teary at this point but she takes a sip of her coffee and we continue. "Do you drink or anything?" I ask. In looking back at this question, I wonder if I was categorizing Julia along with her family. Was I assuming that because her family drank and did drugs that Julia would have picked up on these behaviours through association and exposure? Was I stereotyping Julia by seeing her life as a single story? Would I have asked anyone in this situation this same questions? I believe that I would. Julia shares that she doesn't drink, smoke or do drugs as it "fucks her up". She does share that she has used heavily in the past but that those days are long gone. From her description of her family as the devil, I get the impression that her family isn't the best influence so I ask Julia about this. She shares, "they encourage me, you know? They're the ones who let me [drink], they're not supposed to, they're my family. They're so scary. And you know what, it probably does hurt that I don't want to be around them but I don't want to associate with them because that hurts more."

In my mind I am thinking that Julia's family is supposed to be the ones who protect her and keep her from being harmed. Isn't that what I grew up with? How did Julia grow up without experiencing the same scenario? Where did she go when she needed help or support? Did she only rely on herself and the safe place in her mind? Where as I would go to my family in times of crisis and need, she would flee as far from them as possible. I cannot imagine growing up without that safe haven and I wonder how Julia managed.

Julia tells me about some of her nieces who were removed from the family by Child Welfare and how none of the family members are to have any contact with them. "It's unfair to me because here I am trying not to be like them (referring to her family), but then I'm labelled as one of them. I didn't even know I had siblings. You know my sister came on a home visit and I was six years old and we're playing in the room, and I kept looking at her and asking her, you know you're my sister? Are you for real my sister? And she'd be like yes, of course I'm your sister." The profoundness of this situation strikes me. Here they are, two little girls separated by Children's Services because of family issues that created such an unsafe and unstable home to live in that they didn't even know each other existed. To me it seems heartbreaking. Is there no other solution? Are the services for children and youth who are in at risk situations set up for the benefit of the children or for those who have to arrange their care situations? I reflect on this situations and think of my son who is currently six years old. How would he react in a situation of meeting a new sibling? I don't think he would understand. How can a six year old even comprehend the gravity of what has

occurred in their world? Again, this makes me wonder about the effectiveness of our child welfare system and the long term effects of breaking up families who are in need of support and services.

Part 2:

There's no place like home

“My family says that they’re going to be there and then they are, then they kick me out, then I’m homeless. It’s like they don’t even care and then nobody even cares, so then here I am sitting by myself thinking like what’s wrong with me? What did I do? I never did nothing.” Julia seems honest when she shares her experiences with me. She appears to speak from the heart, and I appreciate her candour. During our conversations, I wonder where her strength has come from. How does she find meaning and continue on after having experienced such pain and trauma? As we continue talking I learn that Julia has one sibling who also chooses not to associate with the family and who supports Julia in her choices. Julia tells me about how her sibling has warned her “the more you associate with them, the more you hang out with them, the more you get involved with them, the more fucked up you become. They will fuck up your life and they’ll keep doing it Julia”. I am left thinking, “you cannot get more blunt and direct than that”. To be told that your family is the source of all of your issues must be very hard. I wonder if Julia agrees completely with her sister. Does she hold on to any hope that her family may change? I think of Julia in the future and wonder what kind of parent she will be to her children or partner to her husband. Will the word *family* always have the same meaning to her?

In our discussion I learn that Julia has a large family of sisters, brothers, uncles and aunts that all seem to live together. It seems that they all have issues with drugs and alcohol, and that the problems run deep and are intergenerational. Julia tells me where she thinks it all started was with her grandmother. Julia shares “ She [her grandmother] had 20 kids and only 10 are living right now and they all live with her. Her sons and their kids, they’re all cramped in one fucking household. Some of them even stay in the garage and the other ones have a tent. They smoke crack in the house, they drink in the yard, they smoke in the house. She used to sell her daughters on the streets. My mom told me a story that she ripped out all those lines from her arm and wouldn’t even let her go to the hospital. My mother basically raised all her siblings. She took care of them and my grandma just hates her guts, and I don’t understand why. I don’t even like my mom that much but I love her, it doesn’t mean I have to like her.” Julia continues, “ I love my family but they’re fucked up. I love them but I don’t like them. They’re abusers, they hurt me emotionally, they’ve hurt me physically, they’ve hurt me sexually”. As I hear Julia describing her family, I wonder how a family can hurt their own in such horrendous ways. What were her parents’ and grandparents’ childhoods like in order for them to have treated Julia in this way? Did they experience the same situations? Despite feeling so much pain from her family, Julia still loves them. It seems that she has ties to them in some ways but cannot get close for fear of being taken back into their world. At this point in our conversation, I tell Julia what an amazing person I think that she is. She has been able to walk away from her family, stand alone and find a life for herself while

advocating for others in need. Julia responds graciously and says, "I'd rather be alone than tortured".

In talking with Julia, I thought a great deal about the concept of family. In Julia's life her family has been the source of her pain and trauma yet she still loves them. Despite her love, she shared that she has chosen to live her life alone and surround herself by others, like her boyfriend and one sister who make her feel loved and appreciated. She has created her own family in a sense; a family that is not only tied by blood but by friendship and caring. I wonder how she came to re-create this formation of family. How did she know the difference between healthy relationships and unhealthy ones without modeling or guidance? I think of my own family and the ups and downs in our relationships because of differences in opinion or stressful events that cause grief and pain. I think of how some of my close friends and I have developed a bond or a close connection which has been incorporated into my concept of family. Julia is creating these connections in her life as well, and is moving forward without her biological family but with the support of those she chooses to have in her life.

Julia and I stay a while longer in the café and chat about the cold weather and where Julia went to do her shopping today. There is a bit of silence and I am pondering the huge family that Julia's grandmother had, so I ask Julia if she has any children of her own. "No", she responds. "I am punished by the Lord". "What do you mean? You can't have kids?" I press on. "No. I was a prostitute so I'm not allowed kids right now. Maybe not until I'm older. Not until I'm better" states Julia. I leave our discussion because I start to feel uneasy. We had

never talked about spirituality or religion and I just didn't know how to proceed. I did not want to force Julia to talk about this issue and was fearful the discussion may re-traumatize or hurt her in some way. It seemed to me that Julia believed that she was suffering because she had done something wrong, but the depth of this seemed beyond what I was able to address in our conversation. There was a darkness that existed here, and I could not go there with her because of the fear of what I may discover. What if I discover something that I can't cope with? What if her secrets are too difficult for me to hear? How would my reaction affect Julia? Our conversation ended here, but I hope that I did not offend Julia by being unable to go further into why she cannot have children. I hope that she did not feel unheard when she shared this with me.

Part 3:

Can I take a pill for this?

The next time we meet for coffee the weather had warmed up a bit. Julia and I decide to settle down at a table in the corner of a downtown coffee shop so that we are able to talk more freely. After some minor chit chat about the weather, I asked Julia if she has ever had counselling or sought treatment for any of the trauma she has experienced. She thinks for a bit and answers, "I never really liked any of the counsellors my worker (her social worker) put me with because they all they wanted to do was drug me on meds, like that's gonna help." "Do you mean psychiatrists?" I try to clarify. Julia continues "Yeah, kinda like that. They put me on antidepressants which made me fucking messed up. I took Epival, I took Seroquel. Seroquel made me violent. It made me fucking violent,

like I could never calm down on that shit. It's like I was a lunatic. I used to hear things when I was on that". I am pretty surprised by her experience, as Seroquel like many other antipsychotics, tends to be a bit sedating especially when you first start taking it. I tried to clarify some more by digging into the reasons Julia would have been prescribed these medications. She is adamant that she had experienced no hallucinations prior to taking the medication, but her doctor explained it would change her thinking. Apparently, she had similar poor experiences with more psychotropic medications such as Tegretol, Risperidone, and Ritalin.

"Were you at the [name of hospital] when all this happened?" I ask, remembering that at some point in our previous conversations Julia mentioned that hospital. Apparently I am correct; she has been there many times for suicidal behaviour and psychosis. "What were you in hospital for?" I inquire. She looks at me for a moment then says "Suicide attempts. I don't know. Hospital just stopped taking me. Last time I was there was about a year ago. I tried hanging myself under a bridge in the river valley and I think they kept me for like a day." All I have to offer at this point is "Oh Julia". As I look back, I wished that I could have come up with a more empathetic response. This young woman had just told me that she had tried to take her own life on several occasions and the best I could come up with was "Oh Julia". I wonder how she felt by my reaction. Did she notice? We were not in a hospital or clinic and perhaps this affected my interactions with Julia on that day. I was out of my comfort zone and unsure of my boundaries and how to proceed without sounding like a clinician. I was an

inquirer, a listener, a person hearing Julia's experiences and story. I was learning alongside of her.

After feeling a sharp pain in my heart from her story, I compose myself and find that my nurse identity has snuck in. I begin a suicide assessment right there in the coffee shop by asking her if she still has thoughts of killing herself (which she does on most days), if she has a plan (which she does not), and if she has hope and ideas for the future (which she definitely does). "I want to write", shares Julia, "that's what I want to do. I want to write books for the rest of my life. As long as I can write, then things are good." I feel relieved after this discussion and believe that I have ethically and legally covered my ground as a health professional. Although I am a researcher, I am still bound by the principles that guide my nursing profession. This experience was not one that I could have foreseen when planning this inquiry and I am reminded of the concept of relational ethics and how the relationship between people is the centre of ethical interest (Evans, Bergum, Bamforth & MacPhail, 2004). Relational ethics implies a reciprocal relationship between participant and researcher during their time together. This reciprocity was experienced by Julia and myself as we grew, learned, and changed during this experience and the research process (Evans et al., 2004).

Part 4:

It seems nice here; I wish I could stay

Our conversation began to turn to Julia's current relationship and what her boyfriend does for a living. As it turns out, he is a professional with a career and

a university education. Julia points out that she never went to school past grade eight. I inquire if she feels that she missed out because of this and she responds by elaborating on her educational (and judicial) experiences. “ I did kinda miss out because no school would take me. I’m a failure. I just wasn’t allowed to go to school. My social worker is like no you are not going to school, first off we need to work on yourself, you need to work on your behaviours or you’re going to end up in jail again. I was like I don’t really care if I go to jail, it’s the only place that loves me and who will actually take me.” This is about the saddest thing I have ever heard. I imagine a world where there is somewhere else for Julia to go where she is cared for and feels loved; a place that does not involve incarceration. I wonder if Julia can imagine such a place.

Julia describes life at the jail for young offenders to me. “It was fun, I had the most fun ever. Like the best times of my life and like when I left and told them I was never coming back it hurt me so much because I wanted to go back but I couldn’t. I was going to be 18 soon and it was sad, like it is still sad you know.” I didn’t know. I don’t think that I could ever understand how jail could be the safest and happiest place on earth for a young girl. I see how my experiences (and perhaps privilege) come into play as I assumed a single universal story of *happy* for everyone. Julia’s statement that being in jail was the happiest and safest she had ever been, disrupted my stories of experience. I don’t know if Julia is sensing my surprise but she goes on to explain. “It was like leaving a place where I felt like I belonged. It really makes me sad because I

know that I can never go back there. I have too many memories, like good and bad, and I was the happiest in there.”

Part 5:

I wish I was white

Julia and I are munching away on our bagels discussing her recent experience at one of the technical colleges in the city. She is pissed off because they seem to be cramming too much information into a course that is too short; accounting I think it was. Julia is telling me about how one of the teachers approached to tell her how much he loved native students. “That’s a pretty weird thing to say to someone,” I respond. I press on. “Do you feel connected to other native people?” Julia looks at me like I’m crazy and I’m wondering if I’ve over stepped my boundaries here, but she comes back with the most unexpected answer. “I don’t even like my own culture, man. I’m racist against my own culture.” “Is your boyfriend white?” I ask. It turns out that Julia’s boyfriend is native but he looks white which, according to Julia, makes things okay. I must have let out a small smirk at this point and Julia catches me, “what?” she asks loudly. I respond honestly, “No, nothing it’s just funny that you said he looks white so it’s okay. Why do you hate your own culture? That’s pretty harsh.” “I don’t hate them, I just dislike them because they’re just so drunk”, Julia clarifies. I think about the way Julia is describing her family and culture, and she has described them in every stereotypical way possible. It seems that she is ashamed to be associated with this *group*, and doesn’t want others to place her into the same category as *them*. Perhaps Julia has never had any positive influences in her life that were

aboriginal or she had never seen the good in her culture. I wonder what has Julia experienced in her life that has formed these perspectives. Has she been influenced by others in our society? Is there potential for these views to be changed in the future? I think again about Adiche (2009) and her discussion of the dangers of a single story. Her words of “how impressionable and vulnerable we are in the face of a story, particularly as children” (Adiche, 2009, transcript), play over in my mind. Did Julia’s experiences as a child impress on her particular views of what it means to be native? Julia has one single story of native people, calling them *drunk*, making it difficult for her to see those in her cultural group as anything but this negative stereotype. Owning this single story may be preventing Julia from starting to like and appreciate herself as well as her heritage. It has formed a barrier to which she cannot cross until she is exposed to learn multiple stories of what it means to be native.

As we continue our conversation Julia announces, “I wish I was white”. For some reason I try to intervene and tell her that I actually think her skin is quite fair (what a stupid thing to say!). I am bombarded with words in response to my observation, “I am fucking brown as hell man. It’s so gross. I’ve gotten to that point where I actually put bleach in my bathtub. Honestly, I’ve gotten to that point where I’ve actually scrubbed my skin off”. At this point, I have no response. At first I can’t even imagine hating a part of myself so much that I want to change it that drastically, but then I start thinking of all of the cosmetic products that are available; skin whiteners, hair straighteners, cosmetic botox injections, microdermabrasion, really the list can go on and on. I wonder if Julia

has always felt this way about her colour. Did she notice this when she was a little girl? I am curious as to how Julia makes sense of her outward appearance. Julia has to face these issues and the societal stereotyping and discrimination she faces because of her aboriginal heritage. How will she learn to be proud of who she is when the outside world seems to be continually judging?

Julia continues to tell me about how she feels discriminated against because she is native and shares stories of when she goes into stores how the staff is always watching her. She states “just because I am native doesn’t mean I’m gonna steal. Today for instance, I was at [retail store name] trying to shop, there were three of the staff surrounding me and they were whispering, watch her.” The next words from her mouth catch me off guard, “I just want to be normal.” I’m left wondering if normal is me. Am I normal because I am seen by others as white? Am I normal because I am not suspected of shoplifting when browsing in a store? These are experiences that I had never considered; perhaps this makes them normal. Perhaps, this makes me blind to the privilege that I have been afforded all of my life. I feel saddened at the thought.

I have never identified myself as white although others *looking in* on my life may see me as such. I self-identify as Jewish, and when asked, have described my complexion as *olive* not white. Despite my self identification as Jewish, my appearance and socioeconomic status are seen as *white* and I am afforded the privilege that goes with it. I find this interesting as I have often struggled in maintaining my Jewish identity particularly since my children have entered public school. It is difficult to compete in a society where Santa, reindeer,

lights, and presents are pushed at you from every direction. It actually wasn't until last year, when my daughter was in grade five, that her music teacher included a Chanukah song during the *winter* concert at school. Should I have to place my children in private Hebrew school in order for them to maintain their Jewish identity? In reflecting back on Julia's experiences of shopping, it had not occurred to me how I was treated or looked upon when I walked into a store or anywhere for that matter. I can't imagine what it feels like to be judged simply on how you look and to know the negative stereotypes that swirl around the culture you are born into. I started to think that maybe Julia and the other girls were treated differently when we went out for coffee or lunch simply because they were with me; a person seen by others as a white person. I also think of Julia wanting that *whiteness*, and how she has had difficulty accepting and valuing herself because of this.

Part 6:

You have a blank canvas

I don't see Julia for some time and decide to send her a text to see if she wants to meet. She responds that she has to go to a funeral that afternoon so we set up a time later in the week. On our set meeting day I pull into the parking lot behind her apartment to pick her up. As she is walking out to the car I notice Julia looks a bit withdrawn and not her usual energized self. We set off for lunch and coffee as this has become our routine. After eating and small talk we sit back to sip our coffees. "What's going on with you?" I ask trying to pull something out of her. "I don't know", she responds "I haven't really left my house much". I

push on, “Really? How come?” Julia replies “ Because I’m scared. What if my family hurts me, they say they’re gonna fucking kill me. They’re gonna stab me.” I’m wondering where this is coming from? When did she have contact with her family? It comes to me. “Did you see them at the funeral you went to?” I ask. “Yeah, this was like at the funeral when they’re saying all this. And they keep Facebooking me telling me to kill myself and all this shit and that I’m never gonna make it”, she tells me. “This was at the funeral? I clarify then add, “the funeral was for...?” “My mom’s funeral” she responds. Julia’s mom had died of an overdose. WHAT!!! I can’t believe all this time I’m asking questions and we’re chatting and I didn’t even know that it was her mom that just died. I feel sick.

I am thrown back four years ago when my own mother passed away and how devastated and heartbroken I felt at that moment. How I still feel. I understand that crisis can sometimes bring out the worst in people but living through losing your mom and being threatened by your family at her funeral is incomprehensible to me. Who the hell are these people? How can human beings be so cruel? I just want to wrap Julia up in a blanket and protect her from the world. She deserves to mourn and remember her mom. After my initial outrage, I began to wonder what was happening within the lives of her family that they felt the need to threaten Julia? How had their lives been affected by the loss of Julia’s mother? Can these behaviours ever be excused?

After I compose myself, Julia and I talk more about her family and their problems with drugs and alcohol and how the issues perpetuate themselves in

each new generation. Julia feels strongly about keeping away from her family and appears to hate all that is going on with them. I reflect on her story and wonder what circumstances could change this? What would shift things? She tells me of issues with Children's Services and the kids living in her grandmother's house and of how she has tried to contact them but was told she needed more information to warrant an investigation. Apparently, she didn't know all of the kids' names and some details of the issues at hand. I really feel for Julia. She is trying so hard to protect those who come from her own blood but she is halted at every turn. What's even worse is that it is her own family who stop her. Towards the end of this discussion on her family, Julia states "I'm gonna torture them by succeeding, that's what I'm gonna do". For Julia, succeeding is doing well financially and creating a safe and stable life and future for herself.

I started feeling that the tone of our conversation was getting very dark and I attempted to change the subject by asking Julia if she had been doing much writing lately. "Yeah", she responds. "I have new journal entries I gotta add and try to fill in". I ask, "are you planning to do that this afternoon". Julia replies, "Sounds so boring to do that. I want to paint today. I've been painting a lot. I'm actually starting to make things realistic like the landscapes and stuff". "That's amazing", I encourage her. "I've actually noticed from my first canvases to my last that it looks more real. I'm just like making things look more real and...they do look real and I'm really proud of myself because I've never done that before" Julia states. "Something has changed?" I ask. "Yeah" Julia begins, "It all changed the first night my mom died, well the second night. I know the first night

my mom died, it was like she was telling me, like in my ear, like telling me, my girl, make me this canvas. So I started doing everything that she was telling me to do and I was doing it and I was so surprised. Like wow, I didn't even know I could paint like this. And it looks so real, like actual real mountains and another world inside those mountains and like, this train going on a track. But like these stairways that go all the way up to the sky and past the sun into like, into like the gate. It's so cool". "Where did this come from, what's the idea?" I ask. Julia shares "My mom's birthday was coming up and she just kept telling me. She was like, Julia, you have a blank canvas, use it. And so I just started this new technique she was saying to me, so I started painting away and then she was telling me how to use the brushes and how to like stroke it right. I don't know, like what colors to mix with other colors, and it was so cool 'cause I just listened to her and I did it right". It is apparent to me that Julia has gone through a fantastic experience that has inspired and comforted her. I ask her if there was anything else her mom did for her or said to her, or if she was purely just there for her. Julia tells me that she was comforted and it did just feel like she was just there for her and that her mom just kept whispering things in her ear. She adds, "no one's gonna believe me but it actually happened".

Julia and I have talked a great deal about her life but never any experiences like she has shared with me today. It seems obvious to me that something has changed in her. I am feeling quite overwhelmed by all that she has shared today but Julia seems to want to keep talking. I sit back and listen. "Like when my mom died, that morning I had a counselling appointment at like 8 AM.

And like the night before that morning I had a dream that I died and that I frickin' OD'd and I was holding my heart and I had a heart attack. And I was trying to find my way home and I couldn't get home because I didn't know where I was. I was in like this other place I wasn't familiar with. So I was running and I seen my sister (name) and I seen my other sister (name) and then I was looking at them and I'm like hello girls, where are you girls going? They didn't say anything to me so I was like oh whatever. So I started running up all these stairs, I kept going up all these stairs and I came across these two cats and they were sitting and hissing at me. They were real evil cats". Julia takes a sip of her coffee and continues. "So then I kept trying to run past them and they were chasing me, and then this angel said she was a guardian of all beings on Earth. And I told her, I wanna go home, I need to go home right now. She's like, Julia, you're almost dead, you're almost dead, and that just kept echoing in my head. And so I started running up and then I just stopped. I was lost and then I woke up and that dream scared me so much". I am stunned at the depth of the dream and the way that Julia has recalled it so vividly. I tell her so. "Because I actually lived it", she replies. I have no response.

This was the last time that Julia and I met. We texted back and forth for a while but never seemed able to connect in person. I received some texts from Julia some time later but they were of the chain letter type, then one about some flu pandemic. It thought this was a bit odd but soon forgot about them. I do think about Julia often and wonder how she is doing with her painting and writing. I feel flooded with emotion when I think about Julia and her life. I recall our

conversations and marvel at her strengths and achievements. As I look back now on my relationship with Julia, I wonder how she viewed our relationship. Did she gain anything from our conversations? Did she find them difficult? I see now that in knowing Julia I have changed how I see myself and others. I will forever carry a piece of her with me in the future.

During our last meeting, I felt very overwhelmed due to the intensity of Julia's emotions and the spirituality component that she spoke to. She was sharing events and interpretations of her life that I had difficulty following or understanding. It lead me places that I am not sure of, or comfortable with, places which make me feel uneasy.

AMANDA

I only knew Amanda for a short time, about two months in total. Amanda was 21 years old when we first met and I remember her looking dishevelled with crinkled clothing and smudged make up that day. Amanda had walked into CAY while I was chatting with some other youth and staff members, and came over to the table where I was sitting with the others. The staff seemed to know her and they asked her what was *going on*. Amanda responded sweetly, in a soft voice that she was doing okay but needed some place to clean herself up and get some fresh clothes. One of the staff took her to find some clothing and gave her toiletries and a towel to freshen up. After freshening up, she returned to the art table and I was able to introduce myself. Our relationship began.

During our time together, Amanda shared that she had moved around tremendously during her life from group homes to foster homes to the street. Amanda had lived in very unstable conditions especially since turning eighteen where she lived on the streets, couch surfed, and worked as a prostitute. Amanda shared that she struggled greatly with substance use and was presently trying hard to get clean. While living alongside Amanda, I witnessed her experiencing emotional and physical symptoms of withdrawal; symptoms that I would describe as painful. She often looked pale and ill while complaining to me of stomach pain, diarrhea, and overall discomfort. Amanda confided in me that she had worked for years as a prostitute but had left that lifestyle because of the constant fear for her safety and desperately wanted change in her life. She shared that there are certain areas of the city which she purposely avoids as they remind her

of her life history. A life filled with pain masked by drug use and financial survival through prostitution. I learned from Amanda that she has two children who were apprehended and now live in foster care in northern Alberta. She never sees her children. She shared this with little emotion and I can hardly imagine her feelings surrounding her children. How does she feel about them? Does she want her children with her? I wonder about Amanda's mother and family. How was her relationship with them? Is it similar to the relationship she has with her children? I also wonder about her children and what they know of their mother. Do they understand her absence in their lives? The complexities of motherhood entered my mind and I am faced with questions surrounding Amanda's experiences of motherhood. How does she understand this?

Amanda and I formed a relationship that was short and intense. During this time she shared her experiences of life on the streets, coming off drugs, and instability within her family. During this inquiry there were many times when I had a great deal of difficulty locating Amanda as she often went *missing* for weeks at a time. Eventually (and sadly), I lost track of Amanda altogether and as such her narrative account feels fragmented and empty to me. I was left to believe that Amanda was a victim of circumstance and has been let down by both the health and social service systems. I say this knowing that she was apprehended as a child and never seemed to fully receive the care, nurturing and support that she needed. It would seem that when Amanda turned eighteen and became emancipated she began to slip off the radar, falling into a group of youth who lack sufficient support and services. I wonder how she had survived

physically and emotionally in the life she has led until this point. How has she found the strength? How could Amanda's life have turned out differently if she had been offered different supports or services? I am left to wonder.

In the following narrative account I share a poem that I wrote about Amanda reflecting on the few times that we met. This poem is followed by pieces of conversations that Amanda and I shared at CAY, as well as one photograph that I took of work which she created.

You're looking rough
 The first time we meet
 Your makeup is smudged
 You have been on the streets.
 We start to chat just a little small talk
 Your voice is kind and soft
 Not at all like I would have thought.
 You have bandages on your wrists and bruises on your face
 You have been through something bad
 What I can see on your body is only a trace.
 I don't see you for a while
 You have disappeared without a word
 But you show up some weeks later
 Looking like you have found a new world.
 You look fresh and lovely which matches your voice

You have made a new start
Were you given a choice?
In the weeks that follow we share some time
Then all of a sudden you're gone again
I'm scared to ask why.
You have been trying so hard to fight all of your demons
Your body and soul in pain
There are too many reasons.
I know that you have worked the streets
I know that you have been addicted to crack

I hope that you come back.

Upon reflection of this poem, I see the unfolding of my brief relationship with Amanda. I remember the first time we met at CAY on that spring afternoon, and the way that her eyes had such an impact on me. Those gentle eyes that were swimming in a sea of smudgy black makeup. Her voice that was so soft and sweet not unlike that of a child asking innocent questions about the world. But Amanda was not a child. She was a young woman of 21 years who, I learned from her stories, had lived a life of trauma, violence, and instability. I felt that when Amanda spoke of her life experiences she did so with sadness and regret. She often said that "*I wished things had been different*" or that "*I never want to go back to that life again*". Despite living through these experiences, she has

chosen to make a new start in life. Amanda decided to quit using drugs and quit working as a prostitute in order to find a different way of being. She had been struggling to overcome her past violent and painful experiences and connect with people and places that kept her safe and on her chosen path. I hope that she will maintain these connections and find the supports she needs. As I write these words I wonder about the availability of supports for young women in Amanda's situation. Are there enough services and people to help her make her way? Will she find the right person to advocate and help her navigate the complexities in our society's social systems?

Amanda disappeared twice during the time we spend together and I had no idea what had happened to her. I recall feeling frightened and unsure of her safety and wondering if she was using drugs or prostituting herself again. On occasion I looked for her on the streets in areas I knew where she used to work. The first time that Amanda went missing, she reappeared looking re-freshed and healthy as the physical wounds and bruises she had the first time we met had healed. I was not so sure that her unseen emotional wounds had undergone the same healing. I see these wounds as taking much longer to heal as the psychological impact of Amanda's experiences have been so embodied. The second time Amanda vanished I mentally concluded our relationship, yet remained hopeful that we would meet again. I am left to worry about her safety and mental well-being, and if she will be okay in the future. That was the last time we spoke.

The following image is a photograph that I took (with Amanda's permission) at CAY of the first few pages of Amanda's journal where she had

created a collage of magazine photos to describe her life and aspirations. At the top right hand corner of this image, one of the few photographs that Amanda shared during our time together is included. This photo is a picture of Amanda taken by a close friend a few weeks after we met. Pieces of our conversations are shared following this image.



Margot: Why did you make this album [above]?

Amanda: I made this album because I wanted to make a book that's all about me, my poetry and things that are inspiring but it's also my everything book so it's going to be just a bit of everything.

Margot: Okay.

I wondered what exactly a bit of everything actually meant. Was it photographs? Was it feelings? Was it artwork? Was it a diary or journal? I was excited at the prospect of a tangible item that we could refer to, discuss, and perhaps work on together. Where would this “everything book” lead Amanda, lead us?

Amanda: I thought it would look cool.

Amanda refers to the taking of the photograph of her “everything book” on top of her work space at CAY where she did much of her artwork.

Margot: That picture looks wicked. What about it inspires you? What does it mean to you?

Amanda: Being here. CAY inspired me to become something better. It took twelve years.

Margot: Something better than what?

Amanda: Better than what I am right now. Well, I’m different now but...

Margot: Yeah?

Amanda: Because I used to be a crack head.

I have to admit that this was the first time I have ever heard someone refer to themselves as a crack head. The connotation and reality of her statement was immense. Amanda had been physically and psychologically addicted to crack. I wonder what she felt at that time. What did the world look like to her? I remember Stephanie telling me that she used crack but the way she delivered this didn’t strike me so harshly. Amanda had labelled herself and had formed a story of who she is. She referred to herself as something other than the person that she was or had been. I wonder if someone had called her that name. I wonder if she

had lost herself somewhere along the way and was now picking up from where she had left off before the drugs entered her life.

Margot: Who is in this picture [not shown]?

Amanda: That's my sister. I call her my little big sister because she is huge!

That's her and that's her boyfriend.

Margot: Are you guys close?

Amanda: Yeah, she's my best friend.

Margot: And so she has been through all the hard stuff that you went through?

Amanda: Yeah.

Margot: What was her life like?

Amanda: Hers is different in a way, she grew up mostly in this one foster home that kept her. Also, she grew up on the rez [reservation] and everything right?

Margot: Is that where you grew up?

Amanda: No. I grew up in the city...

Margot: With your mom and dad?

Amanda: No, in the foster home and group homes.

Margot: Do you know where your mom is at all?

Amanda: No.

Margot: No? When was the last time that you saw her?

Amanda: I don't know, I talked to her like, we're not close and that's a bad topic. So no, she got my kid taken away.

Margot: Oh so you have a kid?

Amanda: That was the start. I have two kids.

Margot: Oh really? Where are they?

Amanda: In a foster home.

Margot: Are you allowed to go by and visit them?

Amanda: No. They are way up north.

Margot: Do you miss them?

As these words fly out of my mouth I'm thinking about how stupid they sound.

Does a mother miss her children? Why would I think that Amanda would be any different than any other mother. I am embarrassed by my words and wonder if Amanda has noticed what I just asked and the connotations behind it. I think of how Amanda feels, living without her children and wonder what it would feel like to have given birth but not see or hold your children. My heart aches at this thought and I think of how many women live this experience every day.

Amanda: Yeah.

Margot: OK. What do you want for your kids?

Amanda: Well let's just say I never had them in my life, I didn't want them in my life either. How many weeks ago even. But not like that, I mean...

Margot: Taking care of kids is freaking difficult.

Amanda: I nursed my daughter for nine months when she was born, I was doing really good. So when she got taken away, it was just not a good thing.

I think of the contradiction here. At first Amanda tells me that she didn't want her kids in her life and then she shares the story of nursing her child and having her baby girl taken away by children's services. I wonder if she was ever given a fair

chance to succeed. An opportunity to be a family? I am left with so many questions about the services for youth and children. Are they addressing family concerns in the best way possible for families, for children? Is there any other way to help mothers rear their children rather than removing them outright from their care? What will happen to these children when they become parents themselves? As I think these complex questions, I am overcome with feelings of anger and despair. Where do you start when taking on these issues? I wonder if change is possible.

Margot: That must have been devastating.

Amanda: Yeah, I wasn't drinking or anything, my mom did it for selfish reasons [apparently Amanda's biological mother reported her to Children's Services].

Shit happens. I don't know, I have more of a chance of wanting to see them now than I did a couple weeks ago.

This situation is so complicated and I wonder what was going on in Amanda's relationship with her mother in order for her to call Children's Services. What was her rationale? Her motive? I think of Amanda's word of "wanting" to see her kids and am left to wonder if she does want them to be with her. Her words have contradicted themselves and I am curious as to why. Did she mean what she said in this instance?

A few days later Amanda and I were talking casually and all of a sudden she bolted out of the room and straight into the washroom. What's happening? Is she sick? What's going on?

Amanda returns from the washroom looking exhausted and pale. I begin to realise that she is going through withdrawal from her drug use. This is not a movie I tell myself, this is real life, this is Amanda's life. She explains...

Amanda: It's because my body's still trying to get back to date. There's always an ugly period. Your body's so used to doing hard drugs and drinking all the time.

Margot: How long has it been since you've been clean?

Amanda: Three weeks.

Margot: Three weeks? And you're still feeling pretty crummy huh?

Amanda: Yeah.

Margot: Did you just quit cold turkey?

Amanda: I had no choice.

Margot: No choice with yourself or just no choice?

Amanda: I got really hurt.

Margot: Physically hurt?

Amanda: Yeah. Hurt pretty bad and then that's what made me change my mind about not wanting to have to go through that shit anymore.

As I reflect on this conversation, I wonder which programs work for youth who have grown up on the streets with little stability in their home life and families, and little compassion shown to them by others? Are there programs that set the youth up for success rather than failure? How did Amanda find the help that she needed? How did she find a place where she felt that she belonged? I wonder

about other youth and where they find solace and support. Would other youth benefit from places like CAY and the services that Amanda received there?

Margot: So, if there was something that could have helped you when you were little what do you think that would have been? 'Cause I'm always thinking about what can help kids? Like when you were twelve and needing help or you wanted your life to work out a certain way, what would really have helped you at that point?

Amanda: CAY.

Margot: CAY?

Amanda: Yeah, they really do a lot for people, kids. You weren't there when I signed up but I always seem to use them. When people ask me what do you have in your life or other questions like that, I always tend to say CAY. It's not just some easy cop out answer it really is like that.

Margot: So what is it about them that is different than anywhere else?

Amanda: Well just the way they approach things.

Margot: I worked at the youth emergency shelter and I've been to the youth co-op and stuff, and CAY works a lot differently because they don't have set programs necessarily so you can just sort of come in and out.

Amanda: And it works for some people.

Margot: There's not that pressure of meeting expectations.

Amanda: Yeah there you go, that answers part of it.

Margot: OK, so you never fail.

I look back at my words and think of programming available for youth who find themselves in at risk situations. What are the programs available? Do the youth know about all of the programs or perceive them as helpful in some way? I sometimes feel that these youth long for and deserve to feel successful within their lives. If services for these youth keep setting goals that are unattainable, how are they to be effective in supporting them. Perhaps, services and supports for youth in our society must re-examine their definition of success for this population. Our conversation continues with Amanda answering my question.

Amanda: Exactly. But at the same time you can go a long ways, you can succeed, go far, a lot of kids do.

Margot: But it didn't stop you from working (the streets) around here right?

Amanda: Yeah but there's different cases right. There's not so many working girls and things like that who go there either.

Margot: No?

Amanda: I haven't seen one person I know that worked the streets that have went to CAY.

Margot: You were a bit different. It was a safe place for you.

Amanda really was just a bit different. She had drive and creativity which she expressed through art. But I too didn't know the lives of other women and men who worked in the sex trade. Amanda used her art as a place to put her fears, emotions, and uncertainties when life was at its most challenging. I see her art as giving her to room to breathe, to live in a constricting world. I feel that the drive and creativity she possessed was a part of what gave her the will to strive for a

better life. Amanda did not go with the pack, she had an emotional outlet in her artwork that allowed her to gain strength and hope. This outlet was a place where I believe, she could dream, feel, and live in peace. Amanda once told me that unlike the other girls she knew who worked on the streets, she was able to look for help and support in the arts and found a safe place within CAY. At CAY she gained friendship, support, and a sense of belonging. She was accepted for who she was, without question and without judgement.

After this last conversation I saw Amanda one more time but we didn't speak. She was passing by CAY on the street and seemed preoccupied with something. I tried to wave but she kept going. It has now been several months and I wonder how she is doing and if she is keeping safe. I will always remember her black smudged makeup under those pretty eyes and the soft tone of her voice.

Chapter 5

The Ties that Bind

As I came to the end of the narrative accounts with the youth, I moved from the close relationship with each individual youth and began to look for *threads* that deepened and broadened awareness of their lives. These *threads* refer to experiences and situations that resonate across the youths' stories, echoes that open up wonders and new questions about the lives of the youth who find themselves homeless or in at risk situations and experience mental health issues (Clandinin, Lessard & Caine, 2012). Upon final negotiations of the narrative accounts, I began to recognize that although the youth participants in this visual narrative inquiry have experienced various life situations, been raised by different families, and undergone or lived through situations separate from each other; I discerned some resonant threads across their stories. The title of this chapter "The Ties that Bind" is particularly significant as it can be interpreted in different ways. One interpretation is that the youths' ties have bound them tightly and restricted them from attaining their potential. Consequently, the ties can be seen metaphorically as holding the youth back and restricting them; holding them in a world from which they cannot escape. Another interpretation is that the ties reflect the experiences shared by each of the youth resulting in the formation of a group who can support and relate to each other. They are held together, again metaphorically, by experience; their stories tied to one another through resonant threads. In this interpretation, the ties can be seen as binding the youth together through their common artistic interests, life experiences, and attendance at CAY.

In leaving the intimate space with the youth, I came to recognize that some events and experiences resonated across their lives. I saw these five *threads* as emerging during the course of this inquiry, they include: intergenerational stories, intergenerational stories of mental health, composing forward looking stories without privilege, living amidst violence, and disrupting family stories.

Thread One: Intergenerational Stories

In working with the youth during this inquiry it became apparent that many of their experiences called forth experiences of their parents and grandparents. The youth had learned behaviours modeled by those who raised them. The lives of the youth were shaped by these experiences; experiences that were shared between generations, from grandparent, to parent, to child.⁴ As I lived alongside the youth, I began to recognize the existence of a particular *thread*, intergenerational stories, in each of the narrative accounts. These intergenerational stories carry experiences and knowledge and may continue to affect the youth and future generations yet to come (Young, Chester, Flett, Joe, Marshall, Moore, Paul, Paynter, Williams, & Huber, 2010). As I listened carefully, I began to see that some behaviours and life circumstances the youth experienced were similar to those experienced by previous generations. Stories included experiences of mental health issues, poverty, substance use, single parent households, unemployment, lack of adequate housing, poor education, school drop-out, and unsafe communities. Not only had the youth lived these stories alongside their parents and grandparents, they also had these stories told to them.

⁴ I did not engage with the youths' parents or relatives (with the exception of Emily), but learned of them from the youth as they shared their experiences and stories over the course of our time together.

While these lived and told stories were similar across generations they were at times, questioned, broken, or interrupted. For example, Julia, Stephanie, and Lacy made conscious choices to change their experiences to differ from those of their parents and grandparents; Julia by living independently and giving back to victims of sexual abuse, Stephanie by overcoming addiction and mentoring other youth, and Lacy by working hard in school. What initially may have appeared as repeating intergenerational patterns, were interrupted by these youth.

Although some intergenerational stories may be viewed as ties binding these youth in a perpetuating cycle of poverty, poor education, and addiction, it is important to recall the dangers of a single story (Adiche, 2009) that could lead to stereotyping and prognosis of the youths' futures. Bateson (2007) also discusses the possibility for people to have divergent beliefs and that "we need to work very hard on affirming the legitimacy and the importance of multiple stories" (p.218). The youth in this inquiry do not live one single story, but have multiple stories some of which are yet to unfold. How these multiple stories are shared involved relational work between the youth and myself, as well as living alongside the youth during the course of this inquiry. Clandinin and Connelly (2000) address this concept in their discussion of *living in the midst*, which encompasses the living, re-living, telling, and re-telling of experiences that make up their lives individually and socially. The notion of living in the midst also entails an understanding that the youth have agency and possibility. The youth and their families are growing, changing and learning every day in unfolding stories. In many ways the youth were seeking stories that resisted being storied in particular

and limiting ways. The youth are tied to one another and are propelled forward due to this strength. I think of Julia, and, although poverty, lack of education, abuse and substance use have been lived in her family for many generations, she has chosen not to live this way. Through self-exploration, creating art and poetry, and public speaking against sexual abuse she has shifted the patterns of her intergenerational experiences. For Julia, speaking out is perhaps a way to resist intergenerational experiences.

I recall Julia sharing her sister's strong words about their family: *The more you associate with them, the more you hang out with them, the more you get involved with them, the more fucked up you become.* Julia shared these same perceptions about her family yet despite perceiving them as a negative influence they have been her motivation to make positive changes within herself and to “succeed” (as Julia puts it). To Julia, not using drugs or alcohol, gaining an education, helping others, and living financially independently is her notion of success. She has learned from her past experiences and used them to redefine what success means, and educates others in the community about sexual abuse through presentations and panel discussions. I think of Julia's idea of success and ponder the whole notion of *success*. Is it financial success? It is to live a healthy life, free of disease? Is it to live without fear of discrimination and judgment? Is it to overcome hardships that reverberate in her intergenerational experiences?

As I contemplate the understanding and various effects of intergenerational stories on the individual, I think of how intergenerational stories are interpreted by health and social service providers. As a health care

professional I now recognize the presence of intergenerational experiences, but am not led by the assumption that these same experiences will manifest in my current client. I am reminded of Bateson's (2007) thoughts about assumption and prediction, and that the only thing for certain a human being knows is that eventually they are going to die. Avoiding prediction and thoughts surrounding the definitive influence of intergenerational experiences on behaviour is difficult work. In reflecting upon intergenerational experiences of the youth, I was reminded of Lindemann Nelson (1995), who shows how counterstories to the dominant story can be resisted or undermined in understandings of intergenerational narrative reverberations (Young et al., 2010).

Counterstories take what has been determined, undo it, and reconfigure it with new moral significance. All dominant stories already contain within them the possibilities for this kind of undoing; it is in the nature of a narrative never to close down completely the avenues for its own subversion. The construction, revision, and reinterpretation that are ongoing in dominant storytelling leave plenty of opportunities for counterstories to weave their way inside (Lindemann Nelson, 1995, p.34).

Stephanie, another youth in this inquiry, shared stories of her life growing up. Part of her intergenerational experience⁵ is that of abuse, neglect and substance use which has affected her greatly. She states: *My parents divorced when I was three. My grandparents told me that my dad used to burn the bottoms of my feet on the stove when I was crying. I want my kids to grow up stable and have some things that I never had. I wish that I had a routine and extracurricular*

⁵ Note that I only know part of the youths' family stories from our time shared together.

stuff because I never got that. Stephanie's counterstory to her experiences is making sure that her children are cared for and have supports and activities that she feels were missing in her life. The biggest sacrifice that Stephanie has made to live out her beliefs is when she relinquished custody of her children, so they could be adopted by another family. She gave up a part of herself in order for her children to have the lives she feels that she could not provide them with.

Although this was an extremely painful experience for her, she believed that her children were better off in the care of their adoptive family. I cannot imagine the loss that Stephanie felt when she relinquished custody of her children, nor can I imagine her courage to do so. Stephanie will forever be *mother* to her children.

As Holman Jones (2005) states in her stories of mothering and adoption, "mothers do the unthinkable" (p.114); they are pushed to the brink by being unable to provide for their children causing wounds and grief that run deep within them.

Stephanie has chosen to compose and live out a counterstory for her children and for herself. She is seeking new possibilities and new paths for herself and her family. As Lindemann Nelson (1995) suggested, reinterpretation of Stephanie's story has left opportunities for counterstories to enter and new experiences to follow. As I think of Stephanie I, too, wonder how challenging it must be to live counterstories.

During this inquiry, I learned of many family stories lived and told by the youth. Often these stories were difficult to hear as they involved experiences that were physically and psychologically painful for the youth. The youths' experiences were similar to the findings of Fergusson (2009), who indicated that

the majority of youth who are homeless or at risk grew up in homes that were laden with problems, uncertainty, and conflict. Fergusson (2009) also explored previous home life characteristics of youth who found themselves homeless, and identified that there was little structure provided by their parents primarily because their parents were struggling themselves with mental illness, substance abuse, or homelessness. Moreover, children who are poorly monitored by their parents or who have little to no open communication with their parents can suffer higher rates of drug use, defiant behaviour, and aggression. Parents who do not spend time with their children are often unaware of their activities and place their children at higher risk for unsafe lifestyles choices that can result in the child leaving home (McCauley, Griffin, Gronewood, Williams & Botvin, 2005). I am thinking of Stephanie who, although she is not raising her children at present, has done everything in her power to make sure they are cared for and provided with a nurturing and loving home. Stephanie met the adoptive parents of her children before the adoption took place and truly believed that her children were going to be well cared for and nurtured in the home. Although Stephanie's mother was notably absent and provided little nurturing during her childhood, Stephanie has done her very best to be *present*, in her own way, ensuring her children are raised in a safe home (emotionally and physically) and that they will be receiving all that they need to grow and flourish. Although Stephanie's role as mother may not be considered a traditional one, she is parent to her children. For Stephanie, motherhood has meant providing the best care possible for her children in spite of her physical absence.

Even though much of the research points to parenting issues as *causes* of their children's behaviour, it is important to integrate an understanding of the social determinants of health that are challenged within the youths' families. Social determinants of health include "early childhood development, education, employment and working conditions, food security, health care services, housing shortages, income and its equitable distribution, social safety nets, social exclusion, unemployment and employment security" (Reutter & Kushner, 2010, p.270). Each one of the youth who took part in this inquiry grew up in an impoverished home with lower socioeconomic status. Growing up in impoverished situations is often identified as a factor to many other health and social concerns (Trocki & Caetano, 2003). Children growing up in poverty suffer from a greater number of health problems including more psychological and behavioural concerns, more injury and illness, and more violence and death (Allensworth, 2011). This finding is illustrated in the words of Julia as she describes the living situation at her grandmother's home: *She had 20 kids and only 10 are living right now and they all live with her. Her sons and their kids, they're all cramped in one fucking household. Some of them even stay in the garage and the other ones have a tent. They smoke crack in the house, they drink in the yard, they smoke in the house. She used to sell her daughters on the street.* Julia's statement reminds me of the concept of intergenerational reverberations, that shaping of the present by previous generations who carry forward the experiences and knowledge (Young et al., 2010). These reverberations address how potentially harmful experiences can unfold within the lives of present and

future generations (Young et al., 2010). Julia identifies this as she describes the intergenerational experiences and situation occurring in her grandmother's home.

Although it is impossible to predict the future, there have been countless times during my life that I have wondered how I would have turned out if I was born into a family similar to that of the youth in this inquiry. Would I have chosen the same paths in life? Would my interests have been the same? Would I have children? My *stories to live by* (Clandinin & Huber, 2002) evolved because of where I have been and where I am now, and they will continue to change and shift as I undergo new experiences. Because of this self-exploration, I realized that I have been privileged because of my parents' professions as physicians and their income, my education, and because of my appearance (Ferber, 2012). I have been blind for not seeing this before; not recognizing that I am seen as *normal* coming from the dominant group in our society (Pratto & Stewart, 2012). I now recognize that I have not been marginalized because of my color or stereotyped due to my up-bringing and associations. With privilege has come a power that I did not recognize; a power that the youth in this inquiry have not been so fortunate to have. I contemplate what this word *power* means in the context of working with youth living in at risk situations. Perhaps, it is the capability or strength that is afforded to me because of money, education, and appearance. Perhaps, it is the perceived power differential in relationships with youth or within social systems (Cutcliffe & Happell, 2009). I think of how I have experienced my life so far and wonder if I would be able to cope being followed in a store because of how I looked? I wonder what I would do if my fridge was empty and I had no

money to buy food? Would I have the perseverance to carry on, to continue to educate myself, to stand tall and proud despite what others may think of me?

As I think about how much the youths' lives were shaped by the social determinants of health, I recall Allensworth's work (2011) which suggests "education is a way out of poverty. It is the one social factor that is consistently linked to longer lives in every country in which it has been studied. Graduation from high school is associated with better health and an increase of 6 to 9 years in average life span" (p.332). Moreover, research suggests that education from a post-secondary institution leads to even healthier lives by increasing earning potential, social status and cognitive skills, which can lead to positive lifestyle choices and a better understanding of health issues (Allensworth, 2011).

Reflecting upon Lacy's and her grandmother's experiences surrounding education, I was brought to the concept of *familial curriculum*. Huber, Murphy and Clandinin (2011) described ways in which *familial curriculum* expands the understanding of curriculum by suggesting that the course of learning takes place not only in schools, but within families, homes, and communities. Lacy's grandmother's *familial curriculum* is one that emphasises the importance of schooling, as she insists on Lacy completing her formal schooling. Lacy's grandmother has integrated the understanding that schooling will advance her granddaughter's potential and this understanding has been woven into Lacy's world view. Perhaps, her grandmother understands that schooling from an institution is most valuable and is therefore encouraging her granddaughter to attend. As Lacy shares: *The one thing I know for sure is I'm gonna finish my*

whole school, go to college, do something with my life 'cause that's one important thing my grandma wants me to do. She always tells me every day. Me and my little cousin are like practically the only ones who go to school [in her household]. We have six girls that live with us. It is interesting to me how Lacy's grandmother is pushing her to finish school and associates schooling with "doing something with your life". Lacy and her grandmother are disrupting an intergenerational story by placing value on a goal that has yet to be attained in their family, thus relying on their familial curriculum to create new possibilities, possibilities they feel are important to Lacy's future.

The intergenerational experiences shared by the youth play directly into the social determinants of health, which are often identified as predictors for physical and mental health challenges. These material, social, cultural and environmental conditions in which people live have the greatest impact and influence on health directly and indirectly (Reutter & Kushner, 2012). Additional health determinants such as genetic predisposition, health accessibility and acquired health behaviours also affect health but overall have less impact than the social determinants (Reutter & Kushner, 2012).

Furthermore, individuals who find themselves living in unfavourable social and material living conditions often experience high levels of physiological and psychological stress (Mikkonen & Raphael, 2010). An example of this stress is shared by Lacy: *My house is all empty. My dad will buy groceries; he brings his friends over, his homeless friends, to eat all our food. We never have food to eat in the morning. We never have food to eat unless we find something to eat.*

Despite the challenges that Lacy has faced, her grandmother has gotten her through and has been integral to her growth and success. She has been a consistent and caring figure for Lacy and as a result, Lacy values her grandmother's familial curriculum. She is the one person Lacy can trust in her family as her mother is noticeably absent and her father is a stranger. These feelings of closeness and security with her grandma are evident: *I love my grandma, she's my world.*

Thread Two: Intergenerational Stories of Mental Health

The youths' experiences have involved drug and alcohol abuse, homelessness, involvement with the legal system, unstable relationships, poor decision making, and school leaving. These experiences led to the identification of another thread that resonated across the youths' narratives; the thread of intergenerational mental health concerns. Natalie, Julia, Stephanie, Lacy, Amanda, and Emily have suffered from mental health issues ranging from depression, substance use, and anxiety to poor self-worth and suicidal or self-harming behaviours. The youth have experienced many situations which may be perceived as difficult, yet they have still maintained a forward looking story (Clandinin & Connelly, 2000) with much happiness and hopefulness.

During our conversations, several of the youth shared that they have received formal psychiatric diagnoses in the past (such as depression, bipolar, anxiety, psychosis) and have been admitted to both child and adolescent psychiatry and adult psychiatry inpatient units at an inner city hospital. Not one of the youth suggested that these hospital admissions were helpful or provided

any long lasting support. As well, I came to see intergenerational patterns within the youth's families as most youth also shared that their parents, grandparents, or other family members suffered from mental illness and substance abuse issues. I think of a day not so long ago when I was meeting with Stephanie to see the documentary she was making. In her documentary she talks about having been diagnosed with bipolar disorder and borderline personality disorder (BPD). As I heard those words, I told Stephanie that she does not have BPD. Stephanie looked at me and said well, "*that's what I was told*" and I remember telling her that she was informed wrongly. It was kind of a strange moment between us as Stephanie looked at me for some time in wonder then asked "*how do I know?*" I replied simply with "*I know you*". In the past, if I were to read her history and see her past behaviour I would have agreed that Stephanie categorically fits the common description of what someone with BPD would look like. She is a female with a family history of neglect, abuse, sexual abuse, defiant behaviour, unstable relationships, substance use and at risk behaviours which tend to diagnostically be associated with BPD. I could have easily labelled her and slotted her into the DSM. This is no longer the case. I have come to know Stephanie differently. I have spent time with her and we have shared some of our experiences. I have seen her interact with others in relationships and have experienced a relationship with her. I do admit that if I were to assess and diagnose Stephanie in a clinical setting, she would have the history that predisposes her towards a diagnosis of borderline personality disorder. If I were to do this, it would be the easy way out. As I think about Stephanie now, I realize that I have formed a relationship with

Stephanie and have come to experience Stephanie as she is, a person with a past, a present, and a future, not a category within a diagnostic manual. Words that I read in Coles (1989) work entered my mind, and I am reminded that I am hearing Stephanie's *story*, without trying to get *a fix* on her.

Throughout this inquiry I often found myself tangled in an internal struggle against the dominant narrative. I would hear the experiences of the youth and their intergenerational stories while I also bumped up against tensions of what I had learned or have been exposed to in the past. Instead of avoiding or resisting these tensions, I attended to them while allowing them to shape my views and experiences. In this way, I moved beyond seeing the youths' stories in negative terms (Huber, Huber & Clandinin, 2010).

This inquiry reveals findings similar to those in related literature where youth who are considered at risk are at greater risk for developing mental health concerns due to their daily living situations, daily experiences, increased exposure to substance use, parental mental health concerns, and previous home life experiences (Kidd, 2013). Mental health concerns of depression, anxiety, trauma related disorders, and psychotic symptoms are all over-represented within youth who are homeless. Sometimes youth associate their mental health challenges to life on the streets, while others have existing problems that become exacerbated because of the stress of street life (Boivin, Roy, Haley & Galbaud du Fort, 2005; Martijn & Sharpe, 2006; Kelly & Caputo, 2007). The increase in psychological stress caused by living on the streets and previous experiences of abuse can lead to suicidal behaviours. I think of Natalie who shared with me about how she

really dislikes her mother's boyfriend due to his drug and alcohol use. She shares that this situation caused her to become extremely depressed which led her use alcohol.

Thread Three: Composing Forward Looking Stories without Privilege

Challenges emerged within the realm of the youths' mental health as they consistently sought and longed for change within themselves and their world. The shared sentiments of *wanting to be better, wanting to be more, being something else, or not being good enough* emanate throughout this inquiry. As Natalie sums it up, *"I don't want to be sad so I kind of gotta move on"*. How the youth choose to cope with the feelings of poor self-esteem and poor self-worth were individual journeys. One powerful story of poor self-worth based is shared by Julia during our conversation; it brings to the fore her challenge with her aboriginal heritage, *"I wish I was white. I've gotten to the point where I actually put bleach in my bathtub. Honestly, I've gotten to that point where I've actually scrubbed my skin off"*. These words, as well as Julia's story, will forever be with me. They have captured Julia's experience at the time and opened up an understanding of where she has been, who she is now, and perhaps, who she is becoming (Huber, Caine, Huber, & Steeves, 2013). It is important to remember that in narrative inquiry "each story, whether personal, social, institutional, cultural, familial, or linguistic, is alive, unfinished, and always in the making; stories continue to be composed with and without our presence" (Huber, Caine, Huber, Steeves, 2013, p.227). As I write about the youths' stories of self-worth, I am again reminded of Huber, Huber and Clandinin's (2010) work on resistance, and how attending to

perspectives on stories of resistance can move us “beyond seeing these stories in negative terms” (p.185). I believe it is important to remember this, and see the youths’ stories as experiences that are continually evolving and forever changing.

I often found it extremely difficult to live alongside the youth. Many times throughout this inquiry I found myself angry, depressed and wanting to run away and put my head in the sand. I wanted to hide and escape the stories that haunted me. I think how the lives that Amanda, Emily, Natalie, Julia, Lacy, and Stephanie have lived are so different than my own; how am I to truly understand the experiences that face them every day of their lives? On a lovely summer evening, I found myself reflecting on my experiences with the youth from the previous few days: *I remember driving home that day, pulling into my neighbourhood and it was like a magical light was shining on everything. It looked so clean, shiny and pleasant everywhere. I pulled into my garage and stepped out into the backyard and I realized how lovely my world was. It was like being on a different planet than where I had been in the inner city. I think it was.* Was I perceiving my world as better or more desirable than Emily’s? Would she have been happy in my world? As I reflect back on this experience, I wonder if I am interpreting the world through *arrogant perception* (Lugones, 1987; Gunning, 1991), by setting distance between myself and Emily to justify the differences. *Arrogant perception* as described by Lugones (1987) suggests that I am struggling to identify with the youth and their world by perceiving them arrogantly. Have I done this in the past? I wonder about loving perception (Lugones, 1987), and

wonder if the dominant narratives of research and nursing have made it difficult for me to see the youth with loving perception.

Did I create distance in my relationship with Emily or the other youth? Gunning (1991) suggests this distance between “I” (Margot) and “the other” (Emily) assumes that the “other” has no autonomous perceptions and interests except for those which the “I” impose. I had never purposely imposed my views or *world* on Emily but the potential was present and real. Did this occur when we were driving in my new car listening to music with the sun roof open? Did this occur when I took her to restaurants that she thought were fancy?

The experiences during this inquiry helped me to begin to understand what it means to have privilege. There exists research and literature that suggests being white is, in itself, a privilege and affords greater accessibility to resources and rewards in our society (Ferber, 2012). One of the most significant aspects of white privilege suggests that those who experience it seldom think about it. Ferber (2012) suggests that people of color face inequality and oppression on a daily basis but those who experience white privilege are often unaware of how it impacts their own lives. I realize now that I have been unaware of this privilege. I wonder if privilege lends itself to perceiving arrogantly those who live in different worlds.

Upon reflection, I query the *totality* of privilege afforded to those who are white. I feel that privilege is greatly attributed to demographics beyond ethnicity. For example, level of education, housing location, employment opportunities, and gender are all markers of privilege. Perhaps the entire context of privilege is

changing. I think of a day last summer when my daughter was playing with her friend from across the lane and my son was playing with my friend's child in our yard. I look back, picture the children running through the lawn sprinkler, and realize that my children would be the only ones seen as *white*. I believe the concept of *white privilege* as suggested by Ferber (2012) is more complex than just simply being born looking white. In fact, as little as 50 years ago my family would not have been allowed to join a local private golf club as they would not accept Jewish members. My parents may have been perceived as looking white but that certainly did not afford them privilege in this circumstance. In fact, they were subjected to discrimination and anti-Semitism.

I look back at the day 5 years ago when my son was born and I was in a four bed post-partum room with other new moms. Two of the new moms were in their mid-teens with certain challenges that became evident over the time I shared a room with them. One of the girls had a boyfriend in jail and no other family around to speak of and the other was involved with a social worker as her mother had substance use issues. The question nags at me...did our children start off on the same playing field or did my son have the same privilege as me to start? Am I predicting what these children's futures will be? I too think of the words of Bateson (2007) when she states:

It's not enough to have one story about the future...the notion that when you think about the future, you need several stories. And among those several stories could be some very scary ones and some very wonderful ones. And those stories, like alternative ways of thinking about how you

got to where you are, empower action and readiness to deal with whatever comes next (p.220).

Bateson (2007) allows for the idea that people's stories change and evolve over time and that predicting outcomes is virtually impossible. These concepts swirl about in my mind and I think of Julia, Stephanie, Lacy, Natalie, Emily and Amanda; I think of my children; I think of the mothers and babies in the hospital- their pasts may be retold, their present is now and their future stories, including those of mental health, are yet to unfold.

Thread Four: Living Amidst Violence

As I look at the resonant thread of violence in the youths' lives, I am struck by the tension that I come up against when realizing their experiences. Did the youth actually live *amidst* violence, or is it possible that they youth were *facing* violence or living *with* violence instead? The youth in this inquiry composed their lives around violence (Bateson, 1989) with memories being formed, and choices being made, as a result of experiencing that violence. As well, each youth experienced and interpreted this violence differently making it impossible to know what the future holds for each of these youth, and how their memories of violent experiences will affect them (Bateson, 1989).

Each of the youth within this inquiry identified being exposed to, or being a recipient of, violence at some point in their lives. Although I was saddened by this, I was not shocked. Emily, Julia, Natalie, Lacy, Stephanie and Amanda shared many stories of family violence, physical abuse, sexual abuse, aggression, street violence, and violence within the places where they lived. Exposure to

these events often act as precursors for emotional, cognitive, and behavioural symptoms such as poor decision making, depression, anxiety, self-harming behaviours, inability to form healthy relationships, and educational difficulties (Trocki & Caetano, 2003). Again, there was not one youth within this narrative inquiry who did not report experiences of violence which helps me think about the physical and psychological experiences of the participants. However, it also highlights the strength within the youth as they are able to attend school, maintain relationships, and seek help and support from CAY, despite experiences of violence. It is a strength that I admire.

Children and youth who are exposed to violence and other adverse events often experience disturbances in their developmental abilities and skills due to a disruption of the developmental processes. Furthermore, these disturbances early in life increase the likelihood of difficulties and maladjustment in adulthood (Arruabarrena & de Paul, 2012). I think about Emily and how her life has continually been disrupted by involvement with children's services, change in family structure and living situations, change in schools, and exposure to drugs, alcohol and violence. Arruabarrena and de Paul (2012) discuss the physiologic effects of stress on the growing child and how the duration and intensity of the stress correlates with impairments in physical and psychological development. I want to stop at this point and refocus. Violence does hold the possibility to cause stress or distress within youth, but it important to realize it does not pave a foreseeable path. I draw on Greene's (2007) work and her discussion on imagination. In her work, Greene (2007) shares, "imagination...is the capacity to

break with the ordinary, the given, the taken-for-granted and open doors to possibility” (p.1). It may seem an easy enough task to contrast imagination with predictability to attempt reliable predictions, yet even the soundest predictions have to leave room for possibility (Greene, 2007). As a researcher and a nurse working with youth who are in at risk situations and exposed to violence, I must remember to open up my imagination and steer away from the dominant narrative that uses predictability as a tool. I must *see* the youth and keep my imagination intact “as a way to look at things otherwise” (Greene, p.1).

A concept addressed in child and adolescent mental health as it relates to the lives of the youth in this inquiry is that of *toxic stress*, which is described as occurring when,

The adverse experiences affecting the child are persistent, repetitive, uncontrolled and/or lacking the support of caring adults to cope with them, so that the child is unable to manage adequately and an intense and prolonged over-activation of the stress-response system occurs (Arruabarena & de Paul, 2012, p.118).

The youth in this study have been exposed to, and victims of, violence for so long during childhood and adolescence that their reactions to other stressful and anxiety provoking events could produce an over-reaction to that event as well. Violence may be so deep within the youth that their day to day coping and functioning have been affected tremendously. This includes such things as decision making, school attendance or illegal activities. I am reminded of Emily’s difficulties with literacy, Stephanie leaving school at 13 years of age, Julia

working as a prostitute and Amanda using drugs. Due to their life experiences the youth appear to have made decisions based on a momentary idea or reaction.

Natalie, for example, was arrested for vandalism because she was drunk and not thinking of the consequences of her actions. She had been drinking because of stress caused by her mother's relationship with a boyfriend, and because she felt uncomfortable and unsafe at home. These decisions have resulted in the youth experiencing difficulties with the legal system, their family or living situation, and/or their health. Furthermore, their experiences with violence and/or abusive situations at a younger age could potentially cause physical and psychological problems into adulthood. "Toxic stress effects in early childhood may persist into adulthood, including increased risk for depressive disorders, anxiety, post-traumatic stress disorder and physical problems such as cardiovascular diseases, type II diabetes or hypertension" (Arruabarrena & de Paul, 2012, p.119). Did Emily or any of the other youth experience what is described as *toxic stress*? How can health and social service providers work alongside youth who have experienced these situations? It is one thing to understand the problem, but quite another to do something about it. It is worthy to revisit Lugones (1987) at this junction to recall her concept of *world travelling* which I addressed earlier while speaking to my relationship and understanding of my mother. As health care providers, it is easy to hide in the metaphorical *clinical space*. Using world travelling as a way to work with clients may help bridge the gap of understanding and empathy that are often lacking in practice (Lugones, 1987). This may help

gain important strides towards improving care, support, and services for youth considered at risk and/or are homeless.

Unfortunately, many of the youth did not receive appropriate treatment for issues (trauma, depression, anxiety), primarily those experiencing sexual abuse and abuse within their family of origin. I find this exceedingly shocking and discouraging particularly due to their young age. How is it possible for a child or youth to present at an emergency room or clinic and not receive the care they so obviously require? I worry if stigma or stereotyping of these youth came into play in these situations, and, as a result, they were not given the care or referrals they required. In other cases the youth did seek help but were given minimal counselling services, received referral information which was difficult to access, were discharged from the emergency room, or were wait-listed for services that were full. As Stephanie shares: *When I decided I needed to go to treatment I sat here [CAY] and the staff were tryin' to get me into rehab and tryin' to get me into detox for a week and I couldn't even get in.* Unfortunately, many of the youth fell between the gaps in services offered as they did not fit into accepted parameters for treatment, lacked the knowledge or ability to access services, were unable to navigate the system, and/or did not have family or guardian support. Furthermore, issues such as a lack of a permanent residence, no identification, or a lack of a contact phone number, impeded access to services or made continuation of services difficult (Kidd, 2013). Remarkably, the youth continued on with their lives, coping day to day with the residual emotional pain of their life experiences.

An interesting resonant thread that emerged from the narratives was the youths' perceptions and understanding of violence in respect to their age. It seemed that the younger the youth (Emily, Natalie, and Lacy), the more they seemed to view the violence within their lives as ordinary. They did not question the "rightness or wrongness" of the violence; they simply shared it as part of who they were and what their world shared with them. As Emily states very matter-of-factly, when describing her older sister, *My mom doesn't like her 'cause when I was little she used to hit me and [other sister]. One day she slapped me. I was coming in her room to get something I had forgot. I think it was a hair clip or a can of hairspray. And then she pushed me in the hallway and she pushed me against the closet door and broke my rib.* Youth who were older were more able to see the dangers and risks of being exposed to violence and how it has negatively affected their decision making and mental health. In fact, being a recipient of a violent act was enough of a shock that it served as a precursor for positive change in the lives of Amanda, Stephanie, and Julia. Amanda, who has a history of drug use and prostitution, explains her reason for trying to get clean and off the streets. *I got really hurt. Hurt pretty bad and then that's what made me change my mind about not wanting to have to go through that shit anymore.* This attitude is mirrored by Stephanie who was also jolted into quitting drugs when she was arrested and placed in jail for assault. Her first days clean and sober were in jail where she wrote her poem entitled "The Fun is Over".

Once you join the game

You're lucky if your life will ever be the same

*Every day is a gamble, life or death
 A sign is coming, you lose your breath
 You will slowly lose your focus
 And your life starts getting hopeless
 Pretty soon you can't trust anyone
 Because you think everyone has a gun*

Stephanie began her life being physically and sexually abused by her biological father, which has led her to years of pain and torment living on the streets. Related research with children exposed to violence supports her suffering from psychological and physical trauma as well as issues with substance use and homelessness (Conners-Burrows, McKelvey, Kyzer, Swindle, Cheerla & Kraleti, 2013; Turner, Finkelhor, Hamby & Shattuck, 2013).

The majority of the youth have also had personal experience with the legal system. Five of the youth have had arrests for various illegal activities such as assault, prostitution, breaking and entering, disorderly conduct, and drug dealing. Some of the youth have spent time in jail. It would appear that the threads of violence to which the youth have been exposed from their community and family have found their way into these youths' lives. For the majority of the youth, previous exposure to violence has now become current violent behaviour within their lives. As Stephanie shares: *Addiction leads to jail. Well it did for me anyways. It brought me to low places and made me do unspeakable and crazy things. I've hurt a lot of people and ruined some lives. I was very unhappy and*

miserable while I did crystal meth. I sold drugs, hurt people, stole cars, and other things to support my addiction.

Thread Five: Disrupting Family Stories

Another resonant thread amongst the youth within this study, was their experiences of being forcibly removed from their homes and biological families by Child and Family Services. This “removal” of a child from their home causes a huge disturbances within the child as well as the family. These disturbances often manifest themselves as irreparable emotional pain that can leave a permanent scar for both the child and the family (Harpaz-Rotem, Berkowitz, Marans, Murphy & Rosenheck, 2008). As childhood is such a vital time for psychological and developmental growth, any stress or trauma can have a lifelong impact. Removal of a child from their family of origin can cause them, and their family, to miss a *step* in their lives together. These lost steps can be irreversible. As well, the removal of a child from the home can cause problems with family structure and functioning, as parents are not present for the children’s daily routines and developmental stages and may be unable to learn necessary skills needed to rear their child (National Scientific Council on the Developing Child, 2012). Emily’s family life has been in flux for many of her 12 years due to her involvement with Children’s Service as she reports: *I’ve been in three foster homes and two group homes since I was nine.* Even more tragic is the fact that some of the youth reported experiences of abuse or exposure to violence while in care at either a group home or foster home.

As I share the statistics surrounding the child welfare system, I again feel a need to remember Bateson (1989) words on composing a life. Although the youth in this inquiry have had their home life experiences disrupted due to an apprehension, they are still growing, changing and reaching for future goals. They are composing their lives through this experience. As well, the youths' families can be seen as standing alongside the youth, composing their lives as the future unfolds. Child welfare involvement may be seen by health and social service providers as a *red flag* in predicting a child's future. Although this may be true in some instances, generalizing negative behaviours and future outcomes for children and families involved with child welfare need to be troubled (Huber, Huber & Clandinin, 2010).

In 2008 the Canadian Incidence Study or Reported Child Abuse and Neglect was provided by the Public Health Agency of Canada [PHAC]. Within this report it was shown that 235,842 children were investigated for child maltreatment. Of that number, 71, 053 were deemed to be unfounded, 17, 918 were suspected but unable to be proved, and the 85,440 were substantiated cases. Substantiated cases include neglect, exposure to intimate partner violence, physical abuse, sexual abuse and/or emotional maltreatment. Of the 235,852 children and youth investigated 62, 715 cases were kept open to receive ongoing services with 10,886 cases being placed in foster care, group homes or residential/secure treatment. Furthermore, aboriginal children are over-represented in the foster care system as well as in cases of child maltreatment with 22% of substantiated cases involving children from aboriginal heritage (Public

Health Agency of Canada, 2008). According to Ministry of Children and Family Development (2009) a child of aboriginal heritage is 4 times more likely than a non-aboriginal child to have protection issues, 5.3 times more likely to be investigated by children's services, 8 times more likely to be found in need of protection, 5.6 times more likely to be placed into care, and 12.3 times more likely to stay in that placement.

Children and youth who experience substantial maltreatment often suffer from educational challenges and mental health concerns stemming from situational factors, stress, and/or their family of origin, similar to those youth within this study. According to the PHAC (2008) academic difficulties were the most frequently reported functioning concern at 23% of substantiated maltreatment investigations, with the second most common being depression/anxiety/withdrawal which were 19% of substantiated maltreatment investigations. On average 15% of investigations involved aggression, attachment issues, children experiencing Attention Deficit Hyperactivity Disorder and/or developmental disabilities were all in the range of 11-19%.

The youth in this inquiry have all been exposed to maltreatment. This maltreatment coupled with living through an apprehension by Children's Services has contributed to experiencing mental health issues such as depression, anxiety, substance use, and poor self-esteem. This occurred as children and youth in the Child Welfare System are particularly vulnerable to behavioural and psychological problems due to multiple risk factors related to abuse and neglect as well as other environmental factors such as domestic violence, parent with mental

health issues and/or substance abuse (Gyamfi, Lichtenstein, Fluke, Xu, Lee & Fisher, 2012). In this inquiry, not one of the youth reported being thankful or having benefited from being removed from their home and placed in care. As Natalie shares, *we'd been moving a lot and I got taken away with Child Services. It sucks, it really does. I was at least six when I was taken away. My mom had to give us up because there were issues with boyfriends. And then our house burnt down so I really had to go into care anyways.*

Natalie has experienced depression due to her family situation and early life experiences; this struggle is all too common amongst children involved in the child welfare system and who have lived through trauma and excessive change (Turner, Finkelhor, Hamby & Shattuck, 2013). Harpaz-Rotem, Berkowitz, Marans, Murphy and Rosenheck (2008) shared that,

children and adolescents who were removed from their homes were judged by clinicians to be significantly more depressed and to exhibit greater impairment in thought process than children who remained in their homes. The significant association between a history of mental health service use, more serious symptoms and an elevated risk of removal raises concerns about the nature and effectiveness of the services provided (p.37).

The findings of this study are in my mind and I often wonder how the youth and their families coped during times of separation. Near the end of this inquiry I was able to witness this stress first hand as Emily and one of her younger siblings were removed from the care of her mother by Children's Services. I spoke at length

with Emily and her mom during this time as both were upset and confused. I tried to provide some emotional support for Emily as well as for her mother when she called me. I often wondered during this time how best to live alongside Emily and her mom. I wondered how a Child Welfare System that was so far removed from understanding individual experiences could at all respond in ways that were helpful. I, too, often thought about what my responsibilities were to the relationship that I had with Emily and her mother. Clandinin and Connelly (2000) state that relationships are continually negotiated during the narrative inquiry process and that researchers find themselves in situations where renegotiation and re-evaluation of roles is necessary. Emily was returned home after approximately two months to the relief of both her and her mother with little reason given to why she was removed in the first place. This event left all of us with many questions. Is the system set up for the best interests of both child and family? Who supports the family emotionally while they are separated? Can there not be another safe and effective alternative to this dilemma?

In reading the research and report by PHAC it is easy to become wrapped up in the sheer numbers of children and youth involved who are actually living within the Child Welfare System. It is often hard to place a *face or voice* to the statistics but this is what must be done to fully understand and appreciate the world experienced by individuals who are part of this system. I think about Lacy: *At 3 or 4 years old I got taken from my grandma 'cause my mom was still using at the time. We got moved around a lot from B.C. to a reserve to Edmonton. I remember I went to daycare at the time. I didn't know what it was but I*

remember my grandma used to drop us off there and we'd stay there for a couple months and I'd sleep there and get bedtime stories. I can't even fathom the amount of change that Lacy has experienced during her short life. Living through change is stressful enough even when it is by choice and 'positive' in nature, but Lacy's change was neither of those things. Lacy, along with the rest of the youth in this inquiry have acquired a strength from these experiences that can only be imagined; a strength that ties them together. Living through disruptions in their family stories could be seen only as dampening the futures of Natalie, Lacy, Stephanie, Julia, Amanda and Emily. However, these young women have moved forward from these disruptions and continue to grow, change, learn, and dream. I see these youth as being tied together by history, a sense of unfolding experience, and strength of will. These youths' *stories to live by* (Clandinin & Huber, 2005) are many, they are continuing to evolve and shift as past experiences are re-lived and re-told, and new experiences lived and shared, and imagined as hopeful possibilities.

Chapter 6

Implications and Significance

As a researcher within the social sciences it is important to be able to justify this research, as well as to anticipate what I may discover or have come to know differently (Clandinin, 2013). In other words, I need to answer the questions of “so what?” and “who cares?” in relation to this research (Clandinin, 2013). These questions will be explored in this chapter, which discusses the significance of this study in relation to the experiences of youth living in at risk situations and who experience mental health issues. I will speak to the personal, practical, and social significance of this work. The personal significance of this inquiry includes how this study has affected who I am as a person and how it has impacted my nursing practice. Practical implications include how narrative methods can be utilized within nursing education and practice to shift care for youth considered at risk. This shift targets the profession of nursing, as well as teaching methods in nursing education. In this section I will also address specific program and services needs for youth who are at risk or experiencing homelessness and mental health issues, and the importance of linking health and social service providers. Lastly, the social significance of this study will be discussed with a focus on: mental health and the dominant narrative, stigmatization, and hearing voices of change.

Personal Significance

I would not be able to begin to address the personal implications of this inquiry without revisiting my experience in the hospital after giving birth to my son. The inquiry into this experience over time entailed turning points for me, pivotal moments where something shifted in my understanding. Ways to inquire into experience came to light as I reflected on my experience when my son was born. Over time, I was able to begin a journey of self-discovery, to learn and reflect on my thoughts, feelings, and behaviors, and to also imagine who I was becoming in the future. Looking back to the hospital room I shared with the two young mothers and their children, and families, I can vividly recall my irritation and desire to move away from them into a private room. At the time I was focused on my own needs and did not see or notice how privileged I was. Privileged in that I not only could afford a private room, but more so because I knew I could ask for a private room. In this moment I too lived a sense of irritation with the lives of those who surrounded me at the time. An irritation that still calls forth a sense of uneasiness in me about who I was in that moment. I was called away from attending to the stories of young mothers as becoming (Clandinin & Connelly, 2000); I was called away from attending to them in the ways I had attended to Casey, the youth I worked with previously; I was called away from attending in loving ways (Lugones, 1987). As I reflect on this, I wonder why I didn't continue to avoid youth who are exposed to at risk situations in my future professional and personal life. I wonder why I purposefully chose to work with, and for, this group of individuals. As I near the end of this inquiry, I

cannot help but wonder: How has this inquiry affected my understanding of myself in relation to the youth? The questions are not only about who I am, but who I am in relation to others. I can see how much my experiences evolve out of relationships, responsiveness, and attentiveness.

I wonder how different the experience in the maternity ward would be if it occurred now, after this inquiry. Would I still ask for a private room? Would I have the same sense of young women in difficult situations? Would I, as Lugones (1987) reminds me, continue to perceive arrogantly? As a nurse, how has my practice, pedagogy, and thought changed? How have I changed? Over the past two years the youth in this inquiry have taught me so much, in so many ways. I have changed in ways that have called forth new questions and wonders about experience. I also think about the lives of the youth and their children, and wonder how they have been shaped by experience. How do they remember their post-partum stay in the hospital? Have their experiences as becoming mothers been shaped differently than mine? How do our lives intersect?

The introduction of narrative thinking into my personal life has changed how I see and interpret the world. I am more aware and open to other's stories of experience. I think of the children born to the young mothers who I shared a room with, and I can see how my perception of their futures has shifted. Prior to this inquiry, I may have assumed or predicted their life trajectory due to the dominant narrative in children's mental health and my professional knowledge. This is no longer the case; I am more aware of focusing on each individual and their story rather than *assuming* how a situation will turn out. Prior to this

inquiry, I rarely took the time to reflect on myself in relation to the work that I was doing. To look, and actually pay attention, to where I have come from. I have learned to see myself within this inquiry, who I am becoming, my life experiences, what has brought me to this inquiry, tensions I have experienced, and personal wonderings (Clandinin, 2013). In so many ways, I have grown to curb my assumptions and judgments of others and see people for more than their current situation such as living on the streets, being addicted to drugs, or being apprehended by Children's Services. I have tried to recognize the arrogant perceptions (Lugones, 1987) that have existed within myself and shift my understanding. Paying attention to this has allowed me to see beyond my own experiences.

As I was looking for resonant threads from across the youths' narrative accounts, I came to recognize how deeply the threads identified affected the youth and their families. I learned that the thread of intergenerational stories holds much hope and promise for the youth despite possessing some negative connotations. Prior to this inquiry, I often fore-fronted the cycle of violence, abuse or poverty that the youth and their families lived with. I was blind to the familial stories and caring that occurred despite these issues, and propelled the youth forward in their lives. I see now how important it is to incorporate this understanding, as it has increased my capacity to care for, and recognize, who people are and are becoming.

I faced many challenges during this inquiry, from uncovering who I was in relation to the youth, to the recognition of the dominant narrative that exists in

child and youth mental health that had shaped much of my nursing practice. One of the most difficult challenges I faced during this inquiry emerged while I was trying to navigate the relationships between the youth and myself. I identified this as the challenge of *waiting*. Waiting can be described in many ways such as a pause, a delay, being stationary or inactivity (online, 2013). I felt that all of these definitions applied to me while I *waited* in the relational space of this inquiry. So many times during this process I waited to feel accepted; waited to meet potential participants at CAY and the camera club; waited for a trusting relationships to be formed; waited for participants to feel at ease enough to communicate their stories; waited for participants to show up to set meetings at coffee shops or restaurants; waited for participants who had gone absent like Natalie or Amanda. No matter how hard I wanted a youth to show up at CAY, or take some photograph, or share their experiences, I had to learn to wait. I needed to reflect and to wonder in an uncomfortable space of unknowing. This was a difficult task. I learned that as a researcher I was not removed from the experience of *waiting*, I was part of it, taking in the experience alongside my participants (Caine & Estefan, 2011).

During this inquiry, the experience of *waiting* caused me unease. I always felt that I should be something more or should be doing something differently. I continually asked myself questions such as: Should I try to harder to be part of the youth's conversations? Do the youth see me as worthy to talk to? What and who am I waiting for? As the process of narrative inquiry is so personal between researcher and participant I often had nagging feelings that I was not accepted or

was being shunned when a participant didn't contact me or show up when they said they would. I was continually wrestling with this during the course of the inquiry despite knowing that the youth were experiencing difficult situations and challenges. As well, there were points during this inquiry when Lacy, Natalie and Julia just simply went missing for long periods of time and I had no contact with them at all. In fact, to this day I am still unable to contact Amanda and have no idea of her whereabouts. Due to the *unknowing* (Caine & Estefan, 2011) experienced in this narrative inquiry it was difficult for me not to wonder and worry. As a researcher I am emotionally involved in the experiences of my participants and invested in the research process. These feelings create a behavioral trajectory, to want to know whether the participants are okay (Caine & Estefan, 2011). These thoughts and experiences are shared in the following field notes when Amanda first went missing.

July 13, 2012

I haven't heard from Amanda at all this week so I phoned the place where she was staying before the weekend. The older woman called [name]'s place. I spoke with [name] and she said that Amanda never returned after the weekend and phoned yesterday from a 204 area code. She also said her friend [name] has phoned three times for her as well. I left my name and number and asked if she does show up to please give me a call. I wonder if she started using again. I looked up the area code and it says it is for Manitoba. I hope she is ok.

I am still hoping that she is... I hope that I have understood enough of Amanda's experience to be able to share her story as she shared it with me. Although our relationship was short, the experience of meeting and living alongside Amanda has taught me to see, consider, and recognize strength. As well, I have learned that despite living with difficult circumstance (such as experiencing abuse and

substance use as Amanda had) the possibility for hope to exist. In the past I may have seen Amanda's future as somewhat predetermined by her history. I may have diagnosed her, labeled her, and predicted her life *outcome*. Over time, as part of this inquiry, I began to see the single story of Amanda as one of multiple stories (Adiche, 2009). I am beginning to see her life as evolving, changing, and open to possibilities.

Practical Implications

Personal significance is important to narrative inquiry research, though it is also important to be able to consider the "possibility of shifting, or changing, practice" (Clandinin, 2013, p.36) due to research findings. As such, I am faced with the question, how is this narrative inquiry with at risk and/or homeless youth and mental health, relevant to nursing practice? How can the threads identified, shift practice and understanding in nursing?

Nursing is often seen as a social science that revolves around people, health and caring (Manhart Barrett, 2002). Ways of knowing in nursing often follow Carper's (1978) four fundamental patterns of knowing in nursing which include: (1) empirics, the science of nursing (2) esthetics, the art of nursing (3) personal knowledge and (4) ethics, the moral components. In order to make nursing knowledge more complex, White (1995) introduced the sociopolitical pattern of knowing as a fifth element to Carper's patterns. This sociopolitical pattern of knowing included interpretive and critical ontologies and epistemologies (Tarlier, 2004), which had the potential to increase a nurses' knowledge of cultural diversity, policy making, current political issues and health

promotion (Billay, Myrick, Luhanga, & Young, 2007). Another potential way of knowing in nursing is that of inquiring into individual's experiences, which involves looking at, and inquiring into, the past, present, and potential future experiences of each person. Examples of this may include: individual's experiences related to physical and psychological health, previous experiences with nursing and medical care, and interpretation of illness. As people's lives can be seen as told and untold stories of experience (Clandinin & Connelly, 2000) it seems appropriate that narrative inquiry can provide important insights. This, in turn, has the potential to give deeper meaning to the many issues and concerns seen by nurses in their scope of practice and subsequently enhance client care. I recall an excerpt from Coles (1989) in which he describes his experience as a young medical resident assigned to care for a *phobic* patient. As the weeks progressed, Coles felt as though his patient was not improving under his care and decided to embrace a different tactic to encourage her to share about her life. "Why don't you just tell me a story or two?" (Coles, 1989, p.11), he asked his patient.

I [Coles] explained that we all had accumulated stories in our lives, that each of us had a history of such stories, that no one's stories are quite like anyone else's, and that we could, after a fashion, become our own appreciative and comprehending critics by pulling together the various incidents of our lives in such a way that they do, in fact, become an old-fashioned story. (Coles, 1989, p.11)

Throughout this inquiry I recalled Coles' words and they spoke to me in different ways. I developed a sense that it was time for me to put aside the formulating of problems (Coles, 1989) and embrace experiences.

As I recall the threads identified of intergenerational stories, intergenerational stories of mental health, living amidst violence, and disruption of family stories that were identified in this inquiry, I see how my understanding of these issues has increased and changed tremendously. I have learned how to work, listen, and interact differently. I am brought back to my experience with Casey which I described in my narrative beginnings, and how our meeting was my first real experience seeing a youth. Casey was more than a diagnosis or an *at risk* youth; he was a boy with a past, a present, and a future that could not be predicted. He had a story, many stories. As this inquiry progressed, I have come to see the person, their experiences, their stories, as well as myself in relation to their lives. I have seen how my identity as a nurse has "been shaped over time, over multiple landscapes, and is always in the making" (Clandinin, Cave, & Cave, 2011, p.6). I am learning and growing as a nurse, a person, and hope that I can influence others as I continue along this path.

If nursing practice included narrative thinking that emphasizes the understanding of experience, there could potentially be a shift in nursing practice from a focus on diagnosis, treatment, and illness, to one of greater understanding and meaning of experience. I have encountered this first hand, as I came to know the stories of the youth with whom I lived alongside during this inquiry. The youth were the focus of my attention, rather than a disorder or condition.

It is the meaning in people's lives and their stories that have the potential to give purpose and humanity to nursing practice and client care. Additionally, the understanding that people's experiences are diverse and continually unfolding can assist nurses in recognizing the complex layers that exist within individual's lives (Caine, Lessard, Steeves & Clandinin, 2013). I have learned to recognize these layers from the youths' experiences and from identifying the threads within their narrative accounts. An example of a situation where layers come into play could be when I thought that Natalie was avoiding me and didn't want to pursue our relationship further. I assumed that she didn't like me, that she wasn't interested in hanging out at CAY anymore, and that she had moved on in her life. The truth was the opposite of my assumptions, as I discovered that her camera had been stolen and sold by one of her family members. Natalie had been extremely ashamed and embarrassed to see me and to share what had happened. She chose to avoid me instead of face, what she thought, would be a difficult situation. I look back at this experience and see the layers of complexity at play. Layers such as Natalie's family situation, her feelings of embarrassment, her expectation of my disappointment and anger, and her previous experiences with service providers. Little in this situation was as I thought or perceived it to be. It was an important lesson for me.

In a study by Clandinin, Cave, and Cave (2011), narrative inquiry was used as a pedagogical approach with medical students who were asked to write, share and collaborate in inquiry into their experiences while caring for patients. This parallel charting as termed by Charon (2011) asks medical students to write

items about their experiences with patients that they deem critical to patient care but do not belong in the patient's chart. The small groups of students read their parallel charts to each other and then engaged in collaborative narrative inquiry into their stories. As they did so, clinical and skills knowledge and attitudes were shared, and professional identities formed (Clandinin, Cave & Cave, 2011). This pedagogical practice could be adopted in the nursing profession to promote the same rewards as those occurring within narrative medicine. I look at my own practice and see how the recognition of my own experiences, values, and ideals have greatly impacted how I care for patients. I encourage the use of personal reflection, sharing and the idea of *living alongside* clients in my own teaching with nursing students now.

The incorporation of narrative pedagogy (Huber, Caine, Huber, Steeves, 2013) has led to a major shift in my teaching practices and philosophy. I encourage students towards wondering and inquiring into stories and experiences of themselves and their clients. As well, I have tried to encourage them to question themselves on what they *think* they *know*. I have begun to introduce Charon's (2011) works on *narrative medicine* and Coles (1989) narrative experiences of working with mental health patients to my students, and suggest they apply these methods of practice to their own experience.

Nursing in Pieces?

As health care providers there is often pressure to "make a diagnosis; ascertain what "factors" and "variables" have been at work; decide upon a "therapeutic agenda" (Coles, 1989, p.7). During my professional career as a nurse

in the health care system, I have often seen care provided towards the illness rather than the person. There are several reasons as to why this may occur, reasons stemming from pure practicality to clinical learning. Patients are divided up into units in acute care based upon their medical issue; a patient with a knee problem is placed on orthopedics, a patient with a head injury will be in neurology. It is simpler to keep patients categorized based on illness or injury in order to provide them the care and attention that they need. Medical residents, nursing students and other learners need to focus on the tasks at hand that require their specialization. Furthermore, clinical teaching is primarily centered around illness and injury with focus paid to disease etiology, epidemiology, signs and symptoms, diagnosis and treatment. I am reminded again of knowledge in nursing and how explicit knowledge (such as that gained through textbooks, lectures and manuals) and tacit knowledge (knowledge gained from experience and having a *sense* of what is to be done) are inherent to nurses' ways of knowing (Zander, 2007). How explicit knowledge is gained, such as from lectures, textbooks, or memorization, could attribute to patients being labeled and placed into tidy, categorical boxes by symptoms or illness. Tacit knowledge (Zander, 2007) however, requires *living* and *experiencing* as a nurse; it suggests that learning can take place through *being* a person. I recall how I felt going into this study armed with knowledge of narrative inquiry methodology, child and youth mental health, and community health. I was not prepared for how much I still did not know. As this inquiry proceeded, I came to realize I had a lot to learn about myself, the youth with whom I was to meet, and about experience.

Mental Health Services and Programming

It became evident over the course of this inquiry that the traditional and existing mental health services and programs for youth who are at risk and/or homeless are not always accessible. This might be due to transportation or location issues, the need for referral, or youth requiring an advocate to help navigate the system of care. Also, existing services and programs may not be effective for the youth I worked alongside as expectations of the programs and their actual delivery lack a proper fit for them. I think of Emily's sister who, at thirteen years of age, had frequently been using drugs and alcohol resulting in arrests, jail, and family conflicts. The best service that could be offered to her was a day program located in a facility several kilometers from her home. How was she to get to this program with no transportation and no money? Would the program fit her needs even if she could get to it? So many factors are at play here and could include: the youth may not be able to understand services provided, feel comfortable and confident in their care, they may have had previous negative experiences, or the expectation of health care providers is unreachable. Many of these services or programs are difficult for the youth to even gain access to and even if they do make it into a program there are barriers to the youths' success because of their lack of support, education, family history, and life experiences. Traditional programs that require structured programming and services do not seem to work well for the youth in this inquiry primarily because their lives are not, and have often not been, structured. The youth are unable to navigate these programs and the expectations and as a result have suffered failure after failure. I

think of Stephanie who waited for five days to get into detox, or Natalie who never received adequate counseling for her past traumas, or Julia who needed treatment from the sexual assault centre but was never referred.

There exists an idiom which talks about fitting a square peg into a round hole, which implies that sometimes things or people just do not fit together. In other words, a square peg will never fit properly into a round hole no matter how much you try to manipulate it, pry it, or try to change it. There will always be spaces or gaps which cannot be filled as well as areas of instability and unevenness. This idiom is representative of the youth in this inquiry who are perceived as the *square pegs* in our society not fitting into traditional programming and services offered within the community. There have been attempts to mould and press them into place but they never seem to really fit. Unfortunately, better options for health, education, substance abuse treatment and social services are few and far between for youth such as Lacy or Natalie.

The youth within this study have shared an extensive list of services that they have had contact with throughout their lives. This list includes: child welfare services, group homes, youth shelters, government youth centres (including secure treatment programs), school based programs, young offenders' centres, jail, adult and child psychiatric inpatient and outpatient services, substance abuse treatment, detoxification services, sexual health services, sexual assault services, psychology services and various non-profit youth serving organizations. It is important to look at these services and understand if they have been helpful or beneficial in any way according to the youth. If the youth feel that they have been

listened to, provided trustworthy help, and treated respectfully, the chances of them seeking further help or making positive life changes is increased. I have seen this effect in Stephanie, Julia and Natalie because of their affiliation with CAY and the support that they have received through this agency.

In working with the youth, I asked “if you could make a program for other kids like yourself what would it look like and what would make you stay and ask for help”? The following is a compilation of their ideas:

There are two types of programs identified by Natalie, Stephanie, Emily, Amanda, Lacy and Julia that are needed for youth who are homeless and/or at-risk. The first program being that of a Drop-In Centre where the youth can engage in various activities to keep them busy, productive and off the streets. This centre should offer programs that can provide outlets for emotional expression that are healthy for the youth such as painting, drawing, music, drama, photography, sports and exercise. *A place that lets me just do what I need to do. Kinda like here (CAY) where I can work on my painting or whatever (-Lacy).* Arts based programming is an approach that is capable of meeting the needs of youth who are labelled at risk as the arts are flexible enough to meet their individual needs (Conrad & Kendal, 2009). The arts are a vehicle to connect with youth and for youth to explore and express their experiences and understanding of the world around them, in ways that accommodate them emotionally, physically and psychically; the arts also accommodate their often turbulent lifestyle” (Conrad & Kendal, 2009, p.258). Also, there needs to be a comfortable and safe place for the youth to just “hang out” that perhaps has a sofa, television, pool table or ping

pong table. Scheduling and formal programming for this centre needs to be looked at differently than existing programs for these youth to avoid setting them up for failure and/or an unwelcome experience. As well, service providers need to remember that these are youth who may find themselves in vulnerable situations and need support, resources and knowledge appropriate for their circumstances. The youth stated that what has helped them most is simply knowing that they will not be judged, and when they need help it will be available. These youth would like to be told things such as, I will not judge you, you do not need to be afraid, I am here for you when you need it, I will stand up for you when you are down, I will help you learn how to cope. Services for youth who are at risk need to be offered unconditionally through empathetic care (Conrad & Kendal, 2009). Stephanie has described CAY as providing her with all of these supports and shares: *I wouldn't be where I am today without the help of CAY. They never gave up on me and believed in me so that I could learn to believe in myself. I live the life I live today so I can hopefully help others so they don't have to go through the pain and struggles I did.*

This centre also needs to integrate all the services identified by the youth (see below) as important within it so that they are readily available for youth when they need help. As a result, there is improved access to mental health, addictions services, STI clinic, parenting programs, housing programs and basic medical care and referral. Furthermore, there needs to be a working relationship or partnership established between other youth serving agencies and Alberta Health Services as they are the largest provider of health services both inpatient

and in the community. This partnership, which would include the sharing of knowledge, client information, treatment, and supports, would enable service providers to work using a team approach that provides seamless and accessible services for youth. This approach is supported by Gaetz (2013) who discusses an integrated system of care approach. This approach is seen as providing care that values the principles that provide access and availability to children and youth, and ensures access and availability to services and supports throughout various administrative areas such as social services, community services and health authorities. According to Gaetz (2013):

[As] opposed to a fragmented collection of services, an integrated systems response [that] requires programs, services and service delivery systems be organized at every level – from policy, to intake, to service provision, to client flow – based on the needs of the young person. Integrated service models are typically client-focused and driven, and designed to ensure that needs are met in a timely and respectful way (p.473).

The second type of programming identified as a need from the youth, is a safe place to live and recover from trauma or life on the streets. It would be convenient if this residential facility be adjacent to the Drop-In Centre so that youth can access its services easily. The residence would also offer independent housing within an apartment complex for youth parents who are in need of parenting support and learning to care for themselves and their children. This would look somewhat similar to a model used by a local women's shelter that offers transition and supported housing for women with children who are coming

out of an abusive relationship. This transition housing program provides private apartments in a common complex for women and their children who have recently been in one of the cities women's shelters. The women are given support, resources and counselling as well. They gain independence and establish peer networks on whom they can trust and rely. In using this model with youth there is potential to positively impact the lives of both the youth and their children by providing support, guidance, stability, safety and advocacy. This type of programming would also establish a network of peers for support as well as a sense of community. In this way the youth are set up to succeed, as parenting can be challenging even to those with the best supports and financial resources due to issues such as post-partum depression, isolation, exhaustion, transportation, and scheduling. Moreover, a look at the effects of this programming on the threads of intergenerational stories, intergenerational stories of mental health, living amidst violence, and involvement with Children's Services would be valuable to the youth, their families, and health and social service professionals.

Adequate and accessible programming is vital to the well-being of these youth as well as to the community and our society as a whole. Enhanced programming has the potential to improve the mental health of youth which should be a high priority for our society. A society with healthier youth can lead to healthier and more vibrant communities, a decrease in crime, a decrease in health costs, and positive outcomes for future generations; in essence, positive outcomes related to the social determinants of health (Reutter & Kushner, 2010). Moreover, information on youth mental health speaks volumes to the increasing

necessity of program development and improvement. According to the Canadian Mental Health Association (2012), an estimated 10-20% of Canadian youth are affected by mental illness, and only 1 in 5 children who need mental health services receive them. Mental health issues amongst our young population are not going to disappear and therefore understanding and treatment of these issues must be placed in the forefront in order to improve services.

In addition to programming changes there is the need for improved communication and sharing of information between all service providers which would include health services (both acute and community) as well as social services providers such as Children's Services. This open sharing of communication is vital for the provision of seamless services which will benefit the youth and their families. Perhaps if CAY had been linked to professionals in health care and social services, Stephanie would have been admitted to detox when she needed it, or Julia would have received help earlier for the sexual abuse she suffered as a child, or Amanda could have kept her children. Working together to provide the best care possible for the youth will foster greater understanding of the multiple disciplines and agencies that intersect with the youth and their families lives.

Social Significance

Mental Health and the Dominant Narrative

The social significance of the dominant narrative in mental health is one of particular concern to me and one which has emerged during the course of this narrative inquiry. This dominant narrative, which I have been exposed to while

working in the area of Child and Youth Mental Health, has been one of diagnosis, assessment and categorization. An emphasis on using criteria from the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) has superceded the individual client's story. There is no room for practitioners to explore the *meaning of experiences* in patient's lives due to factors such as time constraints, the need (or desire) for a quick diagnosis, a focus on psychopharmacology and quick treatment modalities, and an unease to delve into troubled waters that may unbalance the power differential between client and clinician. The work of Coles (1989) and that of hearing a patient's story rather than getting *a fix* on them is often forgotten due to these constraints and as such, the dominant narrative prevails. This dominant narrative is evident in health facilities and community agencies where a biologically focused approach to people's problems dominates (Carrey, 2006).

During this inquiry I found myself drifting farther and farther away from the dominant narrative I had learned in the past from working in the area of Child and Youth Mental Health. I believe this to be partially attributed to my role as inquirer rather than nurse and the removal of expectations from me to provide clinical feedback and the incorporation of narrative as my philosophy of understanding and being. As well, meeting with the youth in the community setting at CAY tilted the balance of power I normally would have, as this was a place where the youth felt more comfortable than I did; it was a place where they lead the activities and structure of the day. What a change from meeting the youth in a clinical setting! It makes me very aware of the different information

obtained while collecting histories and assessment information when the youth might feel vulnerable and powerless, such as in hospital or clinic settings. A situation Stephanie, Lacy, Julia and Natalie had described to me during discussions of their previous experiences with health and social services.

At times I was reminded of the dominant narrative when the youth identified themselves as their diagnosis. This happened more than once during this inquiry. As I write this I am reminded of a time I shared earlier when Stephanie labeled herself as Borderline Personality Disorder and I found myself jumping in, as if to her defense by stating frankly “you do not have Borderline Personality Disorder”. In the past, I can see how I may have come to this conclusion provided her history, but something has changed over the course of this inquiry. I was no longer set on “getting a fix” on her as described by Coles (1989); I was there to share in her stories and understand her view of life and experience. I wanted to hear her story and I hoped that she trusted me enough to share. This experience reminds me of the lessons learned by Coles (1989) during his psychiatry residency and once again, these words play in my mind “the people who come to see us bring us their stories. They hope they tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. We have to remember that what we hear is *their story*” (p.6). Coles reminds me that life is experience and that both clinician and patient bring their experiences with them when working together.

Stigma

Another issue of social significance faced by youth who are homeless, living in at risk situations, and/or have mental health concerns is that of stigma. Stigma has been described as “the deep discrediting of an individual as a function of his or her membership in a devalued group with low social power. Tragically, mental illness has been identified as one of the most stigmatized traits a person can have in today’s society” (Heflinger & Hinshaw, 2010, p.61). There are several reasons as to why stigma may interfere with the understanding, treatment, programming, and funding of mental health related issues. Firstly, behaviors in individuals may be overlooked and dismissed rather than attributing them to mental health issues. It is simpler to dismiss these behaviors and place blame on poor education, cultural affiliation (as in Julia’s experience), socioeconomic status, or parenting for their causes. Mental health issues are subsequently overlooked, and referral to appropriate resources or services for mental health support and treatment may not even occur. Many of the youth in this inquiry have been victim to this, and their experiences dismissed by social services, educational facilities and health care simply because of the place where they grew up and their family of origin. At this point I think of Stephanie, Julia, Emily and Lacy as examples of this occurrence, as they are often judged due to their families of origin, culture, or lifestyles. Individuals with mental health issues may not seek supportive services due to the shame they feel because of the stigmatization of mental illness (Heflinger & Hinshaw, 2010). The stigma itself is now preventing help and treatment for those who need it. Lastly, funding for mental health

services has been effected by the stigmatization of mental illness resulting in lower funding than other health related services (Heflinger & Hinshaw, 2010). These findings mirror the experiences of the youth in this inquiry by illustrating the difficulties the youth had in accessing services and support for their mental health concerns. The youth shared the view that there was a general lack of appropriate, accessible, or helpful services and supports available for them during times of need.

Another very concerning issue is the stigma that some health professional's hold surrounding mental illness. Not only does stigma exist in the general population but with physicians, nurses, social workers, psychologist and students in these areas (Sayal, 2007; Wahl, 1999). This type of stigma adds yet another layer to the already challenging lives of those living with mental health related issues. Stigma within professions and institutions includes attitudes and practices that communicate and facilitate personal shame and lower expectations to youth and their families (Heflinger & Hinshaw, 2010). These authors go on to provide examples of professional and institutional stigma such as: referring to a child client by their diagnosis or labeling of clients, focusing on client deficits and family dysfunction rather than strengths, holding treatment planning meetings without the patient or their family, focusing on the mental health issue rather than the whole child, and having poorer facilities both in location and aesthetics for mental health treatment. Unfortunately, these issues occur frequently in our society as those with mental health related issues are marginalized and their

services historically underfunded (Smetanin, Stiff, Briante, Adair, Ahmad & Khan, 2011).

The youth in this inquiry were often judged due to their behavior, appearance, history and/or family of origin. They are seen as *street kids* or *Indians* who grew up with lousy or absent parents and have a history of drug use and illegal activities. I think of Julia who cannot even shop without being hassled and judged by retail staff. Often, these youth experienced stigmatization and judgment resulting in poor interactions with service providers. These negative experiences led to distrust of professionals and the *system* as a whole, resulting in youth who were wary to access future help. I see these experiences as having embedded themselves so deeply into the youths' thinking that they are often suspicious and doubtful of the care and services available. This distrust has the potential to be passed on to other family members forming a new curriculum of understanding. The result being a *familial curriculum* of distrust, avoidance of health care and social services, and lack of engagement in resources and services (Huber, Murphy & Clandinin, 2011). This curriculum needs to be changed through the youth experiencing positive, supportive, timely, and appropriate care. Health care and social service providers must re-evaluate programming geared to these youth in order to shift the pattern of homelessness, mental health concerns, and at risk behavior; an evaluation that includes the lived experiences of the youth themselves. These patterns of behavior have been shared within the intergenerational stories, intergenerational stories of mental health, and disruption

of family stories as threads within the experiences of youth who are homeless or at risk.

Voices of Change

Narrative inquiry can make a space for diverse voices. I am brought back to my previous notion and discussion of privilege and how in many societies it is often those who are rich and institutionally educated whose voices are heard and valued (Pratto & Stewart, 2012). Those with financial resources and power, who are most often the smallest in numbers, have the loudest voices and influence.

Natalie, Julia, Stephanie, Emily, Amanda and Lacy are examples of those whose voices have been lost because of their lack of *power* or influence, but that might be heard through their stories and photographs.

Narrative inquiry can provide a way to create meaning and understanding into the lives and experiences of others through their perceptions and interpretations (Clandinin & Connelly, 2000). Narrative inquiry has potential to uncover meaning that can prove valuable to the nursing profession by opening a door to a new way of thinking and knowing about experience. A narrative inquirer is concerned with experience (Dewey, 1934), discovering insight, and understanding. These aspects could be applied to nursing practice, resulting in enhanced listening and communication skills, increased capacity for patient-centered care, greater collaborative work, and by providing opportunity for self-reflection and personal development (Arntfield, Slesar, Dickson & Charon, 2013). The understanding of the lived experience can be so powerful that it can lead to further examination of policy and potentially influence social change. An

example of this is shown through my work with the youth at CAY in regards to programming and service ideas where the youth shared their thoughts and provided suggestion as to what would best suit their needs. It is one thing to be given a series of statistics or numbers when trying to learn about an event or occurrence, but often *real* understanding arises when presented with *real* human experience; a face and a life emerges from within those numbers and events take on genuine meaning. I think of Stephanie sleeping in a parkade, or Julia feeling safest and happiest in jail, or Amanda losing her children. These youth are not abstract numbers or statistics, they are real human beings who deserve to have their experiences heard.

Future Research Puzzles

As I look back at the personal, practical, and social significance of this inquiry, I am struck by many wonders. These wonders arose as I lived alongside the youth and explored my personal experiences. This inquiry has changed the way I think, learn, and has caused me to become more inquisitive. As well, many future research puzzles have emerged during this process; puzzles that warrant further inquiry.

Future research related to this inquiry could include aspects surrounding mental health and the dominant narrative, and how this affects the care of clients. How do health care and social service providers experience the dominant narrative? What can be done to change their views, thus improving services and the experiences of individuals needing mental health care? As well, an exploration into the utilization of narratives and personal reflection methods in

health care practice and education could be examined. This exploration could draw on previous work by Charon (2011) and Clandinin, Cave and Cave (2011) and their use of narratives in reflection in medical practice and teaching. In addition, future research concerning services and programming for youth who present as at risk could be explored using narrative methods, an understanding of experience, and engagement with the youth themselves. This work could incorporate the threads identified within the youths' narrative accounts as starting points for understanding and exploration. Lastly, stigmatization in mental health would be an extremely valuable research puzzle to be explored. I believe that this inquiry has opened up the doors to future research in the area of homelessness, child and youth mental health, and health care practice.

Conclusion

As I find myself at the end of this inquiry, I am taken back to thoughts of my narrative beginnings, particularly the experience of giving birth to my son. I recall the young mothers with whom I shared a post-partum room, my judgment of their behaviour and concept of family, and my choosing to move to a private room. This experience, and the questions that arose from it, have sent me on a journey of inquiry and wonder where I have been able to learn about the stories I live by, the stories of the experiences of youth who I worked alongside, and about the places where our stories intersected within those larger cultural, institutional, and social narratives. This is the place where I began, a place filled with questions, wonders, and fears. What was I to discover as I embarked on this inquiry? Would I be able to navigate through the process? While I wrote my narrative beginnings, I began to discover who I was in relation to the youth that I was to meet, those youth with whom I have worked in the past, and who I was as a person. How was I to know at the time that my previous experiences, such as those with Casey or while having my son, would so greatly affect this inquiry.

I think of the youth whom I have met during this inquiry and wonder if I will ever be able to fully understand the extent of the barriers that they have faced? Alongside the youth, will I ever be able to advocate with them enough so that they receive the support they need? Natalie, Stephanie, Emily, Julia, Amanda and Lacy are truly remarkable individuals who have shared so much of their experiences and stories with me during our time together; experiences and stories that have not always been easy to share. This path of inquiry has allowed me, the

youth, and perhaps the readers of this work to world travel, to attend with more loving perception to others' worlds of becoming (Lugones, 1987).

I learned many things from this inquiry which affect the treatment, care, services and programming for youth who experience homelessness or live an at risk lifestyle. These lessons include the importance of incorporating self-reflection and relational understanding into health and social service practice, educating others on the prevalence of stigma within the professional and societal realms, choosing to see potential and hope in all individuals, avoiding the use of prognosis or prediction when standing outside of people's lives, avoiding the development of programming and services that have *a one size fits all* approach, and refusing to paint all individuals from similar backgrounds and lifestyles with the same brush.

I hope that this dissertation will encourage health care and social service providers to *see* and *hear* the lives of youth who are homeless or at risk and experience mental health issues and to recognize their unique qualities. In order to provide care and support for youth they need to be viewed in a different light, focusing on their strengths and potentials and as always becoming.

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